HOME BANCSHARES INC

Form 5

February 05, 2007

OMB APPROVAL FORM 5 **OMB**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form 5 obligations OWNERSHIP OF SECURITIES

See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940

Form 4

may continue.

Transactions Reported 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer Birch Robert F Jr Symbol HOME BANCSHARES INC (Check all applicable) [HOMB] (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) Director 10% Owner _ Officer (give title Other (specify X (Month/Day/Year) below) below) 12/31/2006 Twin City Bank President & CEO P.O. BOX 966 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) CONWAY, ARÂ 72033 _X_ Form Filed by One Reporting Person Form Filed by More than One Reporting

(City)	(State) (Zip) Table	e I - Non-Deri	vative Sec	curitie	s Acqu	ired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi Acquired Disposed (Instr. 3,	d (A) of (E) 4 and (A) or)) 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	Â	Â	Â	Â	Â	Â	501.091 (3)	I	By IRA
Common Stock	Â	Â	Â	Â	Â	Â	9,216.127 (2)	I	By 401(k)
Common Stock	Â	Â	Â	Â	Â	Â	39,009	I	By the Bob Birch Trust

3235-0362

January 31,

2005

1.0

Number:

Expires:

response...

Estimated average

burden hours per

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shar
Stock Option	\$ 10.31	Â	Â	Â	Â	Â	11/30/2000(1)	11/30/2010(1)	Common Stock	10,18
Stock Option	\$ 10.31	Â	Â	Â	Â	Â	11/30/2001(1)	11/30/2011(1)	Common Stock	10,18
Stock Option	\$ 10.31	Â	Â	Â	Â	Â	11/30/2002(1)	11/30/2012(1)	Common Stock	10,18
Stock Option	\$ 10.31	Â	Â	Â	Â	Â	11/30/2003(1)	11/30/2013(1)	Common Stock	10,18
Stock Option	\$ 10.31	Â	Â	Â	Â	Â	11/30/2004(1)	11/30/2014(1)	Common Stock	10,18

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Birch Robert F Jr P.O. BOX 966 CONWAY, AR 72033	Â	Â	Twin City Bank President & CEO	Â		

Signatures

/s/ Robert F. Birch Jr. by Jessica 01/19/2007 Thurman

**Signature of Reporting Person Date

Reporting Owners 2

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Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Options were granted by TCBancorp. Upon merger with Home BancShares, these options became 100% vested. However, prior to the merger, all options had vested.
- (2) Includes 6.127 shares acquired through the Home BancShares, Inc. 401(k) Plan since the last filing.
- (3) Includes 1.091 shares acquired through dividend reinvestment since the last filing.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.