## Edgar Filing: Sorensen Donna J. - Form 4

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| Form 4  |                         |            |  |   |             |                  |                |   |  |  |  |
|---|-------------------------|------------|--|---|-------------|------------------|----------------|---|--|--|--|
| March 05, 2019  |                         |            |  |   |             |                  |                | OMB APPROVAL  |  |  |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMM<br>Washington, D.C. 20549 |                         |            |  |   |             | COMMISSION       | OMB<br>Number: | 3235-0287   |  |  |  |
| Check this<br>if no long<br>subject to<br>Section 10<br>Form 4 or           | er <b>STATE</b> I<br>6. |            |  |   |             |                  |                |   |  | Expires: January 3 <sup>-</sup><br>200<br>Estimated average<br>burden hours per<br>response 0. |  |
| Form 5<br>obligation<br>may conti<br><i>See</i> Instru<br>1(b).             | nue. Section 17         | (a) of the |  | ility Hold  | ing Com     | ipany            | Act o          | ge Act of 1934,<br>f 1935 or Sectio<br>40   | n  |  |  |
| (Print or Type R  | lesponses)              |            |  |   |             |                  |                |   |  |  |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Sorensen Donna J.       |                         |            | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>QCR HOLDINGS INC [QCRH] |   |             |                  |                | 5. Relationship of Reporting Person(s) to Issuer  |  |  |  |
| (Last)  | (First)                 | (Middle)   | 3. Date of Earliest Transaction  |   |             |                  |                | (Chec   | k all applicable   | e)   |  |
| 3551 SEVENTH STREET, SUITE<br>204   |                         |            | (Month/Day/Year)<br>03/01/2019   |   |             |                  |                | X_ Director10% Owner<br>Officer (give titleOther (specify<br>below) below)                              |  |  |  |
|   |                         |            |  | 4. If Amendment, Date Original<br>Filed(Month/Day/Year)                                   |             |                  |                | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |  |  |  |
| MOLINE, II  | L 61265                 |            |  |   |             |                  |                | Form filed by M<br>Person   | More than One R  | eporting   |  |
| (City)  | (State)                 | (Zip)      | Table  | e I - Non-Do  | erivative S | Securi           | ties Ac        | quired, Disposed o  | f, or Beneficia  | lly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)  | any                     |            | emed<br>on Date, if<br>Day/Year)   | 3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5) |             |                  | ))             | Securities Beneficially Owned   | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)                              |  |
|   |                         |            |  | Code V  | Amount      | (A)<br>or<br>(D) | Price          | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |  |  |  |
| Common<br>Stock   | 03/01/2019              |            |  | А   | 320         | А                | \$ 36          | 12,891  | D  |  |  |
| Common<br>Stock   |                         |            |  |   |             |                  |                | 21,325.09   | I  | by Trust   |  |

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|---|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |       |  |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|--|
| 1   | Director      | 10% Owner | Officer | Other |  |  |  |  |
| Sorensen Donna J.<br>3551 SEVENTH STREET<br>SUITE 204<br>MOLINE, IL 61265 | Х             |           |         |       |  |  |  |  |
| Signatures  |               |           |         |       |  |  |  |  |
| By: Rick Jennings For: Donna Sorensen                                     | 03/05/2019    |           |         |       |  |  |  |  |
| **Signature of Reporting Person   | Date          |           |         |       |  |  |  |  |
| 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).

Note: File three copies of this Form, one of which must be manually signed. If space 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.