## Edgar Filing: FIRST NATIONAL CORP /VA/ - Form 4

Check this box if no longer subject to Section 16. Form 4 or	NT OF CHANG S	ington, I ES IN B SECURI	D.C. 205 BENEFI TIES	549 CIA]	LOW	NERSHIP OF	OMB AF OMB Number: Expires: Estimated a burden hou response	•	
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									
(Print or Type Responses)									
1. Name and Address of Reporting Pers WILKINS III JAMES R	r Name <b>and</b> Ticker or Trading NATIONAL CORP /VA/ ]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Midd 112 W KING STREET	le) 3. Date of Ea (Month/Day, 01/31/200	/Year)	nsaction			X Director Officer (give below)		Owner er (specify	
(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
STRASBURG, VA 22657						Form filed by M Person	fore than One Re	porting	
(City) (State) (Zip	) Table I	I - Non-De	erivative S	ecuri	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
()	xecution Date, if T ny C Month/Day/Year) (	Fransactior Code	n(A) or Di (D) (Instr. 3, 4	sposed	d of 5) Price	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common 01/31/2007 stock		Р	2,346	A	\$ 27.1	98,849 <u>(1)</u>	D		

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.

 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)	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
		Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
WILKINS III JAMES R 112 W KING STREET STRASBURG, VA 22657	Х						
Signatures							
M.Shane Bell by Power of Attorney		01/31/2007	,				
<b>**</b> 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).
- (1) Additional shares owned indirectly 81,100

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.