# FORM 5

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL						
OMB Number: 3235-0362						
Estimated average burden						
noure per respons	1.0					

subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Form 3 Holdings Reported

Form 4 Transactions

Reported

### ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address Nguyen Thong M		2. Issuer Name and BANK OF AMI		~ ,			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)	(First)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)					X Officer (give title below) Other (specify below) Vice Chair, Gl Stra & Ent Plat				
100 NORTH TR	YON STREE	T	12/31/2021									
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)				
CHARLOTTE, N	NC 28255							_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tab	le I - Non-Deri	vative Sec	curities	red, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)				5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock		08/31/2021		G(1)	5,000	D	\$ 0	332,006	D			
Common Stock								309.994 (2)	I	401(k) Plan		

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.

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	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transaction	Numb	er	and Expiration	on Date	Amou	ınt of	Derivative	of	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secur	rities	(Instr. 5)	Securities	Derivative	Ownership	
	Derivative				Secur	ities			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)	
	Security				Acqui	red			4)			Owned at	Direct (D)		
					(A) or	•						End of	or Indirect		
					Dispo	sed						Issuer's	(I)		
					of (D)	)						Fiscal Year	(Instr. 4)		
					(Instr.	3,						(Instr. 4)			
					4, and	5)									
										Amount					
							D .	E ' '		or					
								Expiration	Title	Number					
							Exercisable	Date		of					
					(A)	(D)				Shares					

#### **Reporting Owners**

		Relationships							
Re	eporting Owner Name / Address	Director	10% Owner	Officer	Other				
100	uyen Thong M O NORTH TRYON STREET IARLOTTE, NC 28255			Vice Chair, Gl Stra & Ent Plat					

### **Signatures**

Thong M. Nguyen / Michael P. Lapp POA	01/27/2022
**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) Represents a charitable gift by the reporting person.
- (2) The share equivalents attributed to the reporting person's 401(k) balance increased 3.603 shares due to dividend reinvestments and changes in the Net Asset Value of the issuer's stock fund.

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.