## RUTLAND DONNA T Form 3 April 08, 2005 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Person <u>*</u> RUTLAND DONNA T		2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol FIRST BANCSHARES INC /MS/ [FBMS]				
(Last) (First)	(Middle)	02/01/2005	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
35 DOVE HOLLOW			(Check	all applicable)			
(Street) PETAL, MS 39465	j		.e	<pre> 10% (  Other v) (specify belo iancial Officer</pre>	ow)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State)	(Zip)	Table I - N	Non-Derivat	ive Securiti	es Be	neficially Owned	
1.Title of Security (Instr. 4)		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.		
Common Stock		0		D	Â		
Reminder: Report on a sepa owned directly or indirectly		ch class of securities benefic	ially S	EC 1473 (7-02	2)		
inforr requi	nation conta red to respo	pond to the collection of ained in this form are not nd unless the form displ MB control number.	t				
Table II - De	rivative Secu	rities Beneficially Owned (e	.g., puts, calls,	warrants, opt	tions, c	onvertible securities)	

1. Title of Derivative Security (Instr. 4)			3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date		Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

Shares

(I) (Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Add	lress		Relationships			
		10% Owner	Officer	Other		
RUTLAND DONNA T 35 DOVE HOLLOW PETAL, MS 39465	Â	Â	Chief Fiancial Officer	Â		
Signatures						
Donna T. Rutland	04/08/2005					
<u>**</u> Signature of Reporting Person	Date					

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(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.