

Helms Stephanie D
 Form 3
 May 07, 2008

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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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 * | | | 2. Date of Event Requiring Statement | | 3. Issuer Name and Ticker or Trading Symbol | |
| Â Helms Stephanie D | | | (Month/Day/Year) | | AMERICAN COMMUNITY BANCSHARES INC | |
| (Last) | (First) | (Middle) | 04/22/2008 | | [ACBA] | |
| P.O. BOX 5035 | | | | | 4. Relationship of Reporting Person(s) to Issuer | |
| (Street) | | | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| MONROE,Â NCÂ 28111 | | | | | (Check all applicable) | |
| (City) | (State) | (Zip) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | |
| | | | | | <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner | |
| | | | | | <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other | |
| | | | | | Person | |
| | | | | | <input type="checkbox"/> Form filed by More than One Reporting Person | |
| | | | | | Chief Administrative Officer | |

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|------------------------------------|--|---|--|
|------------------------------------|--|---|--|

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

SEC 1473 (7-02)

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

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|---|--|--|--|--|
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |

(Instr. 5)

| | | | | | | | |
|----------------------|------------|------------|---------------|-------|---------|---|---|
| Common Stock Options | 04/21/2006 | 02/20/2011 | Stock Options | 825 | \$ 6.33 | D | Â |
| Common Stock Options | 07/18/2006 | 07/18/2011 | Stock Options | 2,475 | \$ 4.7 | D | Â |
| Common Stock Options | 04/24/2008 | 04/24/2014 | Stock Options | 6,000 | \$ 8.92 | D | Â |
| Common Stock Options | 04/24/2009 | 04/24/2014 | Stock Options | 1,500 | \$ 8.92 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|--------------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Helms Stephanie D P.O. BOX 5035 MONROE, NC 28111 | Â | Â | Â Chief Administrative Officer | Â |

Signatures

Stephanie D
Helms 05/07/2008

**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.