Edgar Filing: CROOK MICHAEL - Form 4

| CROOK M Form 4 | IICHAEL | | | | | | | | | | |
|--|---|----------------|----------|--|-----------------|------------------|------------------------|--|--|---|--|
| July 14, 20 | 09 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB APPI OMB Number: | ROVAL 3235-0287 | | |
| if no lo subject Section Form 4 | to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | | anuary 31, 2005 rage per 0.5 | |
| 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 | e Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> CROOK MICHAEL | | | | | | | Issu | | | | |
| | | FLORIDA [SBCF] | | | | | (Check all applicable) | | | | |
| () | | | (Month | (Month/Dav/Year) — | | | | C Director 10% Owner Officer (give title Other (specify below) below) below) | | | |
| Filed | | | | led(Month/Day/Year) App _X_ | | | | ndividual or Joint/Group Filing(Check blicable Line) Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| STUART, | FL 34995 | | | | | | Pers | • | se than one kepor | ung | |
| (City) | (State) | (Zip) | Ta | ble I - Non | -Derivative Sec | uritie | s Acquired | l, Disposed of, | or Beneficially | Owned | |
| 1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year) | | | Date, if | Code (Instr. 3, 4 and 5) (Instr. 8) | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code V | Amount | (A) or (D) | Price | Transaction(s (Instr. 3 and 4 | (Instr. 4) | | |
| Common Stock | 07/13/2009 | | | А | 1,046.6502 | А | \$ 2.0732 | 19,659.439 | D <u>(1)</u> | | |
| Common Stock | 07/14/2009 | | | А | 211.4228 | А | \$ 1.9802 | 19,870.861 | 8 D <u>(1)</u> | | |
| Common Stock | | | | | | | | 5,172.58 | D (2) | | |

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 formSEC 1474
(9-02)

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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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | 7. Title and Amount of Underlying Securities (Instr. 3 an | Derivative Security (Instr. 5) | |
|---|---------|---|---|--|---|---------------------|--------------------|---|--------------------------------------|--|
| Done | utina C | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Amo or Title Nun of Shar | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|------------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| CROOK MICHAEL SEACOAST BANKING CORP. OF FLORIDA P.O. BOX 9012 STUART, FL 34995 | Х | | | | | |
| Signatures | | | | | | |
| Sharon Mehl as Power of Attorney for T. Michae Crook | 1 | 07/14/2009 | | | | |
| <u>**</u> Signature of Reporting Person | | Date | | | | |
| Explanation of Paspanase | | | | | | |

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) Held in Seacoast's Non-Employee Directors Deferred Compensation Plan
- (2) Held in Trust

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.