

CADENCE FINANCIAL CORP
 Form 4
 December 29, 2008

FORM 4

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

OMB APPROVAL

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STATEMENT OF CHANGES IN 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 *
CUNNINGHAM ROBERT A

2. Issuer Name and Ticker or Trading Symbol
**CADENCE FINANCIAL CORP
 [CADE]**

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 12700 HWY 388
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 12/26/2008

Director 10% Owner
 Officer (give title below) Other (specify below)

BIGBEE VALLEY, MS 39739
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
CADENCE FINANCIAL CORPORATION				(A) or (D)	Price		
				Code V	Amount		
CADENCE FINANCIAL CORPORATION						I	Valley Farm
CADENCE FINANCIAL CORPORATION						I	Walters Group, LTD
CADENCE FINANCIAL CORPORATION	12/26/2008	12/26/2008	P	800	A \$ 4.59	24,722	D
CADENCE FINANCIAL CORPORATION	12/26/2008	12/26/2008	P	1,200	A \$ 4.6	25,922	D

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- (2) Sold 4 shares on NBY on 12/14/2006
- (3) Correcting Form 4 from 12/14/2006 to show correct number of shares that Mr. Cunningham has voting authority over in the Walter's Group.

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.