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Goldman R Form 4 August 07,	-												
											OMB APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287			
Check if no lo	this box									Expires:	January 31, 2005		
subject Section Form 4	to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 16. SECURITIES									Estimated average burden hours per response 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)												
Goldman Roger Symb			Symbol	Symbol Iss					. Relationship of Reporting Person(s) to ssuer				
	SEACOAST BANKING CORP OF FLORIDA [SBCF]						(Check all applicable)						
(Mor				Month/Day/Year)					_X Director 10% Owner Officer (give title Other (specify below) below)				
P.O. BOX	9012		08/07/	2012									
Form filed by						pplicable Line) K_ Form filed by Oı	nt/Group Filing(Check ne Reporting Person ore than One Reporting						
STUART,	FL 34995							Pe	erson	r	8		
(City)	(State)	(Zip)	Ta	ble I - Non-	Deriva	tive Secu	irities	Acquir	ed, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)			1					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	An	nount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Common Stock	08/07/2012			А	2,366	5.3494	A	\$ 1.43	34,674.5498	D (1)			
Common Stock									71,300	D (2)			
Common Stock									8,000	I <u>(3)</u>	Held in Spouse's IRA		
Common Stock									6,000	I <u>(4)</u>	Held in Trust		

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.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date	Thie	of		
				Code V	(Λ) (D)						
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
reporting officer (and) rear cos	Director	10% Owner	Officer	Other				
Goldman Roger P.O. BOX 9012 STUART, FL 34995	Х							
Signatures								
Sharon Mehl as Power of Attor Goldman	08/07/2012							

**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) Held in Seacoast's Non-employee Directors Deferred Compensation Plan
- (2) Held in IRA; shares voting and investment power
- (3) Shares voting and investment power
- (4) Held in special needs trust for which spouse if trustee; disclaims beneficial ownership

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.