

DAVIS JOHN ROBERT  
Form 5  
January 25, 2011

**FORM 5**

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

OMB APPROVAL

OMB Number: 3235-0362  
Expires: January 31, 2005  
Estimated average burden hours per response... 1.0

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  
Form 3 Holdings Reported Form 4 Transactions Reported

**ANNUAL 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

1. Name and Address of Reporting Person \*  
DAVIS JOHN ROBERT

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)

3. Statement of Issuer's Fiscal Year Ended (Month/Day/Year)  
01/25/2011

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

P. O. BOX 1187  
(Street)

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

6. Individual or Joint/Group Reporting  
(check applicable line)

STARKVILLE, MS 39760

Form Filed by One Reporting Person  
 Form Filed by More than One Reporting Person

(City) (State) (Zip)

**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 at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				(A) or (D)	Price		
Cadence Financial Corporation Common Stock	01/25/2011	01/25/2011	J	12.1122 A	\$ 0 2,380.65	I	By Employee Benefit Plan
Cadence Financial Corporation	01/25/2011	01/25/2011	J	523.4377 A	\$ 0 4,546.17	I	By 401K Plan

Edgar Filing: DAVIS JOHN ROBERT - Form 5

Common  
Stock

Cadence  
Financial  
Corporation  
Common  
Stock

^ ^ ^ ^ ^ ^ 799 I By Wife

Cadence  
Financial  
Corporation  
Common  
Stock

^ ^ ^ ^ ^ ^ 0 D ^

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.**

SEC 2270  
(9-02)

**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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Amount or Number of Shares
						Date Exercisable (A)	Expiration Date (D)		
Employee Stock Options Right to Buy	\$ 20.75	^	^	^	^ ^	06/13/2002	06/12/2011	common stock	4,666
Employee Stock Option Right to Buy	\$ 24.11	^	^	^	^ ^	06/13/2003	06/12/2012	common stock	4,666
Employee Stock Option Right to Buy	\$ 25.2	^	^	^	^ ^	05/01/2005	04/30/2014	common stock	4,667

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
DAVIS JOHN ROBERT P. O. BOX 1187 STARKVILLE, MS 39760	Â	Â	Â Vice President	Â

## Signatures

John R. Davis                      01/25/2011

\_\_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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.