

TRUSTMARK CORP
Form 3
February 22, 2007

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 Gunn George C III		(Month/Day/Year)	TRUSTMARK CORP [TRMK]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		02/13/2007		
5 DOGWOOD HILL DRIVE			(Check all applicable)	6. Individual or Joint/Group Filing(Check Applicable Line)
	(Street)		<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
JACKSON,Â MSÂ 39211			<input type="checkbox"/> Officer	<input checked="" type="checkbox"/> Other
(City)	(State)	(Zip)	(give title below)	(specify below)
			Wholly Ownes Subsidiary	Form filed by More than One Reporting Person

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)
common	2,077	D	Â

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	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

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				Shares		(I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	05/09/2010	common	5,000	\$ 18.0621	D	Â
Employee Stock Option (right to buy)	Â (2)	05/08/2011	common	5,000	\$ 21.682	D	Â
Employee Stock Option (right to buy)	Â (3)	04/09/2012	common	4,500	\$ 25.4569	D	Â
Employee Stock Option (right to buy)	Â (4)	04/15/2013	common	4,500	\$ 24.09	D	Â
Employee Stock Option (right to buy)	Â (5)	04/20/2014	common	4,500	\$ 27.3	D	Â
Employee Stock Option (right to buy)	Â (6)	05/10/2012	common	4,500	\$ 28.28	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Gunn George C III 5 DOGWOOD HILL DRIVE JACKSON, MS 39211	Â	Â	Â	Wholly Ownes Subsidiary

Signatures

George C. Gunn, III, by: T. Harris Collier, III, 02/22/2007
POA

__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).

- (1) The option vested in four equal annual installments beginning May 9, 2001
- (2) The option vested in four equal annual installments beginning May 8, 2002
- (3) The option vests in four equal annual installments beginning April 9, 2003
- (4) The option vests in four equal annual installments beginning April 15, 2004.
- (5) The option vests in four equal annual installments beginning April 20, 2005
- (6) The option vests in five equal annual installments beginning May 10, 2006.

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.