## Edgar Filing: SOUTH STATE Corp - Form 4

SOUTH STAT	ГЕ Corp										
Form 4											
May 04, 2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION						ON IN HIGGION	OMB APPROVAL				
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this	box		vv a51	inigion, i	J.C. 203	47				January 31,	
if no longer white ta STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Expires:	2005				
subject to Section 16.								Estimated average burden hours per			
Form 4 or								response	0.5		
Form 5	Filed	pursuant to	Section 16	(a) of the	Securiti	es Ex	change	e Act of 1934,			
obligations may contin				•	•			1935 or Section	ı		
See Instruct 1(b).		30(h)	) of the Inv	estment C	Company	Act	of 194	0			
(Print or Type Re	sponses)										
1. Name and Add	dress of Report	ting Person *	2 Issuer	Name and T	Ficker or T	radine	r	5. Relationship of 1	Reporting Pers	son(s) to	
1. Name and Address of Reporting Person2. Issuer Name andAddison Jimmy EvanSymbol				Issuer							
-				OUTH STATE Corp [SSB]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of H	Earliest Trai	nsaction			(Check	c all applicable	;)	
			(Month/Da	Ionth/Day/Year)				X Director	10%	Owner	
			05/01/20	5/01/2015			Officer (give t below)	title Other below)	er (specify		
GERVAIS ST	FREET							below)	below)		
			4. If Amen	f Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Month	led(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
	SC 20201							Form filed by O			
COLUMBIA,	, SC 29201							Person			
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurit	ies Acqu	uired, Disposed of,	, or Beneficial	ly Owned	
1.Title of		n Date 2A. De		3.	4. Securi			5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/	Year) Execut any	ion Date, if Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Securities Beneficially	Ownership Form:	Indirect Beneficial	
(instr. 5)			h/Day/Year)	(Instr. 8)			Owned		Ownership		
								Following	or Indirect	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (Instr. 4)		
				Cala V	A	or	Duites	(Instr. 3 and 4)	(1150. 1)		
COMMON					Amount	(D)	Price \$				
STOCK	05/01/2015	5		А	632	А	ф 67.75	10,385	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

## Edgar Filing: SOUTH STATE Corp - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Add	ress	Relationships						
	Director	10% Owner	Officer	Other				
Addison Jimmy Evan C/O SOUTH STATE COR 520 GERVAIS STREET COLUMBIA, SC 29201	P X							
Signatures								
JIMMY E ADDISON	05/04/2015							
<u>**</u> 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 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.