## Edgar Filing: SOUTH STATE Corp - Form 4

SOUTH STAT	ГЕ Corp								
Form 4									
May 03, 2016	4							OMB AF	PPROVAL
	UNITEDSI	TATES SECURI Wasl	ITIES AN nington, I			IGE CO	OMMISSION	OMB Number:	3235-0287
Check this if no longer subject to Section 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF					Expires: January 31, 2005 Estimated average burden hours per			
							0.5		
(Print or Type Re	esponses)								
1. Name and Address of Reporting Person *2. IssuerBETHEA PAULA HARPERSymbol			8				5. Relationship of Reporting Person(s) to Issuer		
		SOUTH	STATE C	Corp [SSI	3]		(Check	all applicable	
(Last) 51 PENINSU	(First) (Mic	idle) 3. Date of 1 (Month/Da 05/01/20	-	nsaction			X Director Officer (give t below)		Owner er (specify
	(Street)	4. If Amen Filed(Month	dment, Date h/Day/Year)	e Original			6. Individual or Joi Applicable Line) _X_ Form filed by O	ne Reporting Pe	rson
HILTON HE. ISLAND, SC							Form filed by Mo Person	ore than One Re	porting
(City)	(State) (Zi	<sup>ip)</sup> Table	I - Non-De	rivative So	ecuriti	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securi or(A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following 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)
COMMON STOCK	05/01/2016		Code V A	Amount 588 <u>(1)</u>		Price \$ 70.37	(Instr. 3 and 4) 12,507	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)

2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and	
Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onNumber	Expiration Date	Amount of	
or Exercise		any	Code	of	(Month/Day/Year)	Underlying	
Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e	Securities	
Derivative				Securities	5	(Instr. 3 and 4)	
Security				Acquired			
				(A) or			

Disposed

(Instr. 3, 4, and 5)

Date

Exercisable

Expiration

Date

of (D)

Code V (A) (D)

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<b>Reporting Owners</b>
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1. Title of

Security

(Instr. 3)

Derivative

Reporting Owner Name / Address	ŝ	Relationships						
	Director	10% Owner	Officer	Other				
BETHEA PAULA HARPER								
<b>51 PENINSULA DRIVE</b>	Х							
HILTON HEAD ISLAND, SC 29	926							
Signatures								
PAULA HARPER								
BETHEA	05/03/2016							
**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) THESE RESTRICTED SHARES VEST QUARTERLY OVER 1 YEAR

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.

8. Price of

Derivative

Security

(Instr. 5)

Amount or

Title Number

of

Shares

9. Nt

Deriv

Secu

Bene

Own Follo Repo

Trans

(Insti