## Edgar Filing: SOUTH STATE Corp - Form 4

SOUTH STA	TE Corp										
Form 4											
November 16	, 2016										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB A	OMB APPROVAL	
<b>CUNIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box									Expires:	January 31,	
subject to statement of changes in BENEFICIAL OWNERSHIP								ERSHIP OF	Expires. 2005 Estimated average		
	Section 16. S					SECURITIES				urs per	
Form 4 or									response	. 0.5	
Form 5 obligation	a	-					-	Act of 1934,			
may conti				•	•	· ·		1935 or Section	1		
See Instru	ction	30(h)	) of the Inv	vestment	Compan	y Ac	t of 1940	)			
1(b).											
(Print or Type R	esponses)										
1 Name and A	ddress of Report	ing Person *	2 Issuer	Nama and	Tieker or	Tradia		5 Relationship of	Reporting Per	rson(s) to	
HILL ROBE	Symbol	2. Issuer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer					
0)				SOUTH STATE Corp [SSB]							
(Last)	(First)	· ((					(Checl	eck all applicable)			
(Lust)	(1130)	(Wildule)	(Month/D		ansaction			Director	109	% Owner	
				5/2016				X_Officer (give titleOther (specify			
GERVAIS STREET								below) below) CHIEF EXECUTIVE OFFICER			
	4 If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check					
				d(Month/Day/Year)				Applicable Line)			
_X_ Form filed by C							One Reporting Person				
COLUMBIA, SC 29201 Form filed by More than One Reportin Person								eporting			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acqu	ired, Disposed of	, or Beneficia	lly Owned	
1.Title of	2. Transaction	Date 2A. De	emed	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Y		on Date, if	Transactio		-		Securities	Ownership	Indirect	
(Instr. 3) any (Month/			Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8)				5)	Beneficially Owned	Form: Direct (D)	Beneficial D) Ownership	
		(Wohth	/Duy/Tear)	(1130.0)				Following	or Indirect	(Instr. 4)	
						(A)		Reported	(I) (I)		
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
COMMON				Code V	Amount	(D)	Price	(instround 1)			
COMMON STOCK	11/15/2016			S	$400  ^{(1)}$	D	\$ 83.568	400	Ι	FAMILY MEMBER	
COMMON	11/15/2016			S	400 (1)	D	\$	0	Ι	FAMILY	
STOCK							83.668			MEMBER	

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.

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 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
F8	Director	10% Owner	Officer	Other				
HILL ROBERT R JR C/O SOUTH STATE CORP 520 GERVAIS STREET COLUMBIA, SC 29201			CHIEF EXECUTIVE OFFICER					
Signatures								
ROBERT R.	1/16/2016							

HILL, JR. 11/16/2016

\*\*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) Shares owned by family member for which filer 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.