ROQUEMORE JAMES W

Form 5

February 12, 2018

| FORM | 15 | | | | | | | OMB AF | PPROVAL | | |
|---|---|---|--|---------------------------------|---------|---|---|--|---|--|--|
| . • | _ | STATES SECUE | RITIES AN | D EXCH | IAN | GE CO | MMISSION | OMB Number: | 3235-0362 | | |
| Check thi no longer | | Wa | Washington, D.C. 20549 FATEMENT OF CHANGES IN BENE OWNERSHIP OF SECURITIES | | | | | Expires: | January 31, 2005 | | |
| to Section Form 4 or 5 obligation may conti | Form ANN ons inue. | | | | | | FICIAL | Estimated average burden hours per response 1. | | | |
| See Instru 1(b). Form 3 H Reported Form 4 Transaction Reported | Filed pure oldings Section 17(a | suant to Section 1 a) of the Public U 30(h) of the In | tility Holdin | ng Compa | any A | Act of 1 | | ı | | | |
| ROQUEMORE JAMES W Sy | | | 2. Issuer Name and Ticker or Trading Symbol SOUTH STATE Corp [SSB] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | ` / ` ` | (Month/I | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017 | | | _ | _X Director Officer (give | titleOthe | Owner or (specify | | |
| | FINANCIAL TION, 520 GEF | RVAIS | | | | De | elow) | below) | | | |
| | | | endment, Date Original 6 onth/Day/Year) | | | 6. Individual or Joint/Group Reporting (check applicable line) | | | | | |
| COLUMBI | A, SC 29201 | | | | | , | X_ Form Filed by (| One Deporting De | ve on | | |
| | | | | | | _ | Form Filed by Nerson | | | | |
| (City) | (State) | (Zip) Tab | le I - Non-Der | ivative Sec | curitie | es Acquii | red, 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. Transaction Code (Instr. 8) | 4. Securit (A) or Di (Instr. 3, | spose | d of (D) | 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) | | |
| Common Stock | 12/29/2017 | Â | L | Amount 251 (1) | (D) | Price \$ 87.15 | 44,929 | D | Â | | |
| 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 | | | | | | SEC 2270 (9-02) | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

the form displays a currently valid OMB control number.

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| 1. Title of Derivative Security | 2. Conversion or Exercise | 3. Transaction Date (Month/Day/Year) | | 4. Transaction Code | 5. Number of | 6. Date Exerc Expiration Do (Month/Day/ | ate | 7. Title Amou Under | nt of | 8. Price of Derivative Security | |
|---------------------------------|------------------------------------|--------------------------------------|------------------|---------------------|---|---|--------------------|---------------------------|--|---------------------------------|--|
| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. 8) | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | e | . va., | Securi | , , | (Instr. 5) | |
| | | | | | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

of D

Is Fi

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|---------|------|--|--|
| and the same of th | Director | 10% Owner | Officer | Othe | | |
| ROQUEMORE JAMES W | | | | | | |
| C/O SCBT FINANCIAL CORPORATION 520 GERVAIS STREET | ÂX | Â | Â | Â | | |
| COLUMBIA. SC 29201 | | | | | | |

Signatures

James W.
Roquemore

**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) Year End Update For Shares Held In DRIP.

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.

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