

SEACOAST BANKING CORP OF FLORIDA
 Form 3
 February 06, 2015

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 * Â Shaffer Charles M (Last) (First) (Middle) SEACOAST BANKING CORPORATION OF FLORIDA,Â P. O. BOX 9012 (Street) STUART,Â FLÂ 34995 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/29/2015	3. Issuer Name and Ticker or Trading Symbol SEACOAST BANKING CORP OF FLORIDA [SBCF]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (give title below) (specify below) EVP of subsidiary	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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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 Stock	37	D	Â
Common Stock	550	D <u>(1)</u>	Â
Common Stock	669	D <u>(2)</u>	Â
Common Stock	2,120	D <u>(3)</u>	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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

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- (7) Vests over 5 years in one-fifth increments, beginning on June 28,2014 and on each anniversary thereafter, with full vesting occurring on the date indicated, subject to continued employment.
- (8) Granted pursuant to Seacoast Banking Corporation of Florida's 2000 Long-Term Incentive Plan

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.