

SEACOAST BANKING CORP OF FLORIDA  
 Form 5  
 February 11, 2016

**FORM 5**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL  
 OMB Number: 3235-0362  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 1.0

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  
 Form 3 Holdings Reported Form 4 Transactions Reported

**ANNUAL STATEMENT OF CHANGES IN 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

1. Name and Address of Reporting Person \*  
 Shaffer Charles M

(Last) (First) (Middle)

SEACOAST BANKING CORPORATION OF FLORIDA, P. O. BOX 9012

(Street)

STUART, FL 34995

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
 SEACOAST BANKING CORP OF FLORIDA [SBCF]

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)  
 12/31/2015

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_\_\_ Director \_\_\_ 10% Owner  
 \_\_\_ Officer (give title below)  Other (specify below)  
 EVP of subsidiary

6. Individual or Joint/Group Reporting

(check applicable line)

Form Filed by One Reporting Person  
 \_\_\_ Form Filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			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)
				Amount	(A) or (D)	Price			
Common Stock	01/30/2015	^	L(1)	22	A	\$ 12.03	572	D (2)	^
Common Stock	02/27/2015	^	L(1)	21	A	\$ 12.54	593	D (2)	^
Common Stock	03/31/2015	^	L(1)	19	A	\$ 13.56	612	D (2)	^

Edgar Filing: SEACOAST BANKING CORP OF FLORIDA - Form 5

Common Stock	04/30/2015	Â	L <sup>(1)</sup>	20	A	\$ 13.26	632	D <sup>(2)</sup>	Â
Common Stock	05/29/2015	Â	L <sup>(1)</sup>	19	A	\$ 14.21	651	D <sup>(2)</sup>	Â
Common Stock	06/30/2015	Â	L <sup>(1)</sup>	17	A	\$ 15.01	668	D <sup>(2)</sup>	Â
Common Stock	07/31/2015	Â	L <sup>(1)</sup>	19	A	\$ 14.2	687	D <sup>(2)</sup>	Â
Common Stock	08/31/2015	Â	L <sup>(1)</sup>	18	A	\$ 14.78	705	D <sup>(2)</sup>	Â
Common Stock	09/30/2015	Â	L <sup>(1)</sup>	19	A	\$ 13.95	724	D <sup>(2)</sup>	Â
Common Stock	10/30/2015	Â	L <sup>(1)</sup>	18	A	\$ 14.71	742	D <sup>(2)</sup>	Â
Common Stock	11/30/2015	Â	L <sup>(1)</sup>	17	A	\$ 15.25	759	D <sup>(2)</sup>	Â
Common Stock	12/31/2015	Â	L <sup>(1)</sup>	19	A	\$ 14.23	778	D <sup>(2)</sup>	Â
Common Stock	Â	Â	Â	Â	Â	Â	37	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	705.433	D <sup>(3)</sup>	Â
Common Stock	Â	Â	Â	Â	Â	Â	2,120	D <sup>(4)</sup>	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 the form displays a currently valid OMB control number.**

SEC 2270 (9-02)

**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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Security (Instr. 3 and 4)
					(A) (D)	Date Exercisable Expiration Date	Title



Edgar Filing: SEACOAST BANKING CORP OF FLORIDA - Form 5

**(10)** Date fully vested

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.