

TriState Capital Holdings, Inc.  
 Form 3  
 May 08, 2013

**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 FARRELL MICHAEL J (Last) (First) (Middle)  ONE OXFORD CENTRE,Â 301 GRANT STREET, SUITE 2700 (Street)  PITTSBURGH,Â PAÂ 15219 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/08/2013	3. Issuer Name and Ticker or Trading Symbol TriState Capital Holdings, Inc. [TSC]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)	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	2,500	D	Â
COMMON STOCK	10,000	I	BY THE FARRELL FAMILY LIMITED PARTNERSHIP <sup>(1)</sup>

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
STOCK OPTIONS (RIGHT TO BUY)	06/30/2013 <sup>(2)</sup>	12/31/2020	COMMON STOCK	6,000	\$ 8	D	Â
STOCK OPTIONS (RIGHT TO BUY)	06/30/2014 <sup>(3)</sup>	12/31/2021	COMMON STOCK	6,000	\$ 9.32	D	Â
STOCK OPTIONS (RIGHT TO BUY)	06/30/2015 <sup>(4)</sup>	12/31/2022	COMMON STOCK	6,000	\$ 10.25	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
FARRELL MICHAEL J ONE OXFORD CENTRE 301 GRANT STREET, SUITE 2700 PITTSBURGH, PA 15219	Â X	Â	Â	Â

## Signatures

/s/ Fenimore, Kay, Harrison & Ford, LLP by Brent Standefer, Jr.,  
Attorney-in-fact

05/08/2013

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) The Reporting Person is the general partner of this entity, which owns a total of 10,000 shares of the issuer's common stock.
- (2) 3,000 of these options will vest and become exercisable on or about 06/30/2013, and the remaining 3,000 options will vest and become exercisable on 12/31/2015.
- (3) 3,000 of these options will vest and become exercisable on or about 6/30/2014, and the remaining 3,000 options will vest and become exercisable on 12/31/2016.
- (4) 3,000 of these options will vest and become exercisable on or about 6/30/2015, and the remaining 3,000 options will vest and become exercisable on 12/31/2017.

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.