

SEACOAST BANKING CORP OF FLORIDA  
 Form 4  
 March 19, 2014

**FORM 4**

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

OMB APPROVAL

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

**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

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
 Goldman Roger

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)  
 P.O. BOX 9012  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
 03/18/2014

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
 Lead Director

STUART, FL 34995  
 (City) (State) (Zip)

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

6. Individual or Joint/Group Filing(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 Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|-----------------------------------|
|                                 |                                      |  |                                | (A) or (D) Code V Amount Price                                    |   |  |                                   |
| Common Stock                    | 03/18/2014                           |  | A <sup>(1)</sup>               | 1,672 A \$ 11.22  | 3,672   | D  |                                   |
| Common Stock                    |                                      |  |                                |   | 24,346.64   | D <sup>(2)</sup>   |                                   |
| Common Stock                    |                                      |  |                                |   | 14,260  | D <sup>(3)</sup>   |                                   |
| Common Stock                    |                                      |  |                                |   | 1,600   | I <sup>(4)</sup>   | Held in spouse's IRA              |
| Common Stock                    |                                      |  |                                |   | 1,200   | I <sup>(5)</sup>   | Held in Trust                     |



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- (5) Held in special needs trust for which spouse is trustee; disclaims beneficial ownership
- (6) Granted pursuant to Seacoast Banking Corporation of Florida's 2013 Incentive Plan

Vests in equal monthly installments (approximately 2.78%) at the end of each of the first thirty-six (36) months following the Grant Date (03/01/2014), provided that Optionee remains in Continuous Service on each applicable vesting date. Notwithstanding the vesting schedule, the Option may become vested and exercisable as to one-half of the then-unvested Shares in the event of the termination of

- (7) Optionee's Continuous Service by reason of death or Disability. In addition, the Option shall become fully vested and exercisable upon the earliest of (i) the occurrence of a Change in Control, or (ii) the termination of Optionee's Continuous Service, or status as Lead Director, by the Company for any reason (including any situation in which Optionee is not re-elected to the Company's Board or as Lead Director).

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.