

SEACOAST BANKING CORP OF FLORIDA
 Form 5
 February 16, 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 * Goldman Roger
 (Last) (First) (Middle)

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)
Lead Director

6. Individual or Joint/Group Reporting
 (check applicable line)

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

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 Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|--|--|-----------------------------------|
| | | | | (A) or (D) Price | | | |
| Common Stock | 05/26/2015 | ^ | G | 100 D \$ 0 (1) | 1,572 | D | ^ |
| Common Stock | 12/21/2015 | ^ | J(2) | 2,000 D \$ 0 (2) | 12,260 | D (3) | ^ |
| Common Stock | 12/21/2015 | ^ | J(2) | 2,000 A \$ 0 (2) | 3,572 | D | ^ |
| Common Stock | 12/30/2015 | ^ | J(2) | 2,000 D \$ 0 (2) | 10,260 | D (3) | ^ |

Edgar Filing: SEACOAST BANKING CORP OF FLORIDA - Form 5

| | | | | | | | | | |
|--------------|------------|---|------------------|-------|---|-------------|--------|------------------|----------------------|
| Common Stock | 12/30/2015 | Â | J ⁽²⁾ | 2,000 | A | \$ 0 (2) | 5,572 | D | Â |
| Common Stock | Â | Â | Â | Â | Â | Â | 35,460 | D ⁽⁴⁾ | Â |
| Common Stock | Â | Â | Â | Â | Â | Â | 2,000 | I ⁽⁵⁾ | Held by spouse |
| Common Stock | Â | Â | Â | Â | Â | Â | 1,600 | I | Held in spouse's IRA |
| Common Stock | Â | Â | Â | Â | Â | Â | 1,200 | I | Held in Trust |

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 Securities (Instr. 3 and 4) |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|
| | | | | | (A) (D) | Date Exercisable Expiration Date | Title Amount Number Shares |
| Common Stock Right to Buy ⁽⁶⁾ | \$ 10.78 | Â | Â | Â | Â Â | 04/01/2014 ⁽⁷⁾ 03/01/2024 | Common Stock 200,00 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|---------|---------------|
| | Director | 10% Owner | Officer | Other |
| Goldman Roger P.O. BOX 9012 STUART, FL 34995 | Â X | Â | Â | Lead Director |

Signatures

/s/Sharon Mehl as Power of Attorney for Roger O.
Goldman

02/16/2016

__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) Gifted shares
- (2) Transferred shares out of IRA to individual ownership; no change in beneficial ownership
- (3) Held in IRA; shares voting and investment power
- (4) Held in Seacoast's Non-Employee Directors Deferred Compensation Plan for which receipt of such shares has been deferred, and as to which shares Mr. Goldman has no voting or dispositive power
- (5) Shares previously reported as held directly
- (6) Granted pursuant to Seacoast Banking Corporation of Florida's 2013 Incentive Plan and the agreement with Mr. Goldman for his service as Lead Director

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 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.