

Edgar Filing: TRUSTMARK CORP - Form 4

TRUSTMARK CORP

Form 4

August 20, 2002

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 WASHINGTON, D.C. 20549
 FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person
 Lambiotte, Larry L.
 1543 Haining Road
 Vicksburg, MS 39180
 USA
2. Issuer Name and Ticker or Trading Symbol
 Trustmark Corporation
 TRMK
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Statement for Month/Year
 08/20/02
5. If Amendment, Date of Original (Month/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
 () Director () 10% Owner () Officer (give title below) (X) Other
 (specify below)
 Director of Wholly Owned Subsidiary
7. Individual or Joint/Group Filing (Check Applicable Line)
 (X) 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	2. Transaction Date	3. Code	4. Securities Acquired (A) or Disposed of (D) Amount	A/D	Price	5. Amount of Securities Beneficially Owned at End of Month
common	08/12/02	S	V 1,061	D	25.05	
common	08/13/02	S	V 214	D	25.05	
common	08/14/02	S	V 1,225	D	25.0908	
common	08/15/02	S	V 1,000	D	25.20	
common	08/15/02	S	V 1,000	D	25.40	
common	08/19/02	S	V 400	D	25.40	
						30,000

Edgar Filing: TRUSTMARK CORP - Form 4

Table II -- Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	4. Transaction Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities	8. Put or Call

Explanation of Responses:
SIGNATURE OF REPORTING PERSON
Larry L. Lambiotte by: T. Harris Collier, III POA
DATE
August 20, 2002