## CAMCO FINANCIAL CORP Form 3 January 09, 2009 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

## 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<br>Person <u>*</u><br>HUSTON JA   | 1      | rting          | 2. Date of Event Requiring<br>Statement<br>(Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol<br>CAMCO FINANCIAL CORP [CAFI] |  |                             |   |  |  |
|---|--------|----------------|---|--|--|-----------------------------|---|--|--|
| (Last) (F<br>5533 STILLWA   | ,      | (Middle)       | 12/31/2008  | 4. Relationship of Reporting<br>Person(s) to Issuer                        |  |                             | 5. If Amendment, Date Original<br>Filed(Month/Day/Year)   |  |  |
|   | treet) |                | X Director<br>X Officer<br>(give title below)               |  | all applicable)<br>10% Owner<br>Other<br>v) (specify below)<br>sident/CEO  |                             | 6. Individual or Joint/Group<br>Filing(Check Applicable Line)<br>_X_ Form filed by One Reporting<br>Person<br>Form filed by More than One<br>Reporting Person |  |  |
| (City) (S   | tate)  | (Zip)          | Table I - Non-Derivative Securities Beneficially Owned      |  |  |                             |   |  |  |
| 1.Title of Security<br>(Instr. 4)   |        |                | 2. Amount of<br>Beneficially<br>(Instr. 4)                  |  | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Natu<br>Owner<br>(Instr. | •   |  |  |
| Common Stock  |        |                | 0   |  | D  | Â                           |   |  |  |
| Reminder: Report or owned directly or in  |        | e line for ead | ch class of securities benefici                             | ally SI  | EC 1473 (7-02)   | )                           |   |  |  |
| Persons who respond to the collection of<br>information contained in this form are not<br>required to respond unless the form displays a<br>currently valid OMB control number. |        |                |   |  |  |                             |   |  |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)  |        |                |   |  |  |                             |   |  |  |

| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 3. Title and Amount of<br>Securities Underlying<br>Derivative Security |                        | 4.<br>Conversion<br>or Exercise | 5.<br>Ownership<br>Form of             | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|---|--|--------------------|--|------------------------|---------------------------------|--|---|
|   |  |                    | (Instr. 4)   |                        | Price of                        | Derivative                             |   |
|   | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount or<br>Number of | Derivative<br>Security          | Security:<br>Direct (D)<br>or Indirect |   |

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

## **Reporting Owners**

| Reporting Owner Name / Address                          |          | Relationships |         |                    |   |  |  |
|---|----------|---------------|---------|--------------------|---|--|--|
| 1   | Director | 10% Owner     | Officer | Other              |   |  |  |
| HUSTON JAMES<br>5533 STILLWATER AVI<br>WESTERVILLE, OHÂ | . –      | ÂX            | Â       | Â<br>President/CEO | Â |  |  |
| Signatures  |          |               |         |                    |   |  |  |
| /s/ James E.<br>Huston                                  | 01/09/   | /2009         |         |                    |   |  |  |
| <u>**</u> Signature of<br>Reporting Person              | Da       | te            |         |                    |   |  |  |
|   | _        |               |         |                    |   |  |  |

## **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).

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.