

SEACOAST BANKING CORP OF FLORIDA  
 Form 4  
 November 13, 2015

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

OMB APPROVAL  
 OMB Number: 3235-0287  
 Expires: January 31, 2015  
 Estimated average burden hours per response... 0.5

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 \*  
 Frias Maria

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)  
 Director  10% Owner  
 Officer (give title below)  Other (specify below)  
 EVP & Chief Risk Officer

(Last) (First) (Middle)

SEACOAST BANKING CORPORATION OF FLORIDA, P. O. BOX 9012

3. Date of Earliest Transaction (Month/Day/Year)  
 01/30/2015

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

STUART, FL 34995

(City) (State) (Zip)

**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 Indirect Beneficial Ownership (Instr. 4)
			Code	V Amount (A) or (D) Price			
Common Stock	01/30/2015		L <sup>(1)</sup>	V 17 A \$ 12.03	2,592	D <sup>(2)</sup>	
Common Stock	02/27/2015		L <sup>(1)</sup>	V 16 A \$ 12.54	2,608	D <sup>(2)</sup>	
Common Stock	03/31/2015		L <sup>(1)</sup>	V 15 A \$ 13.56	2,623	D	
Common Stock	04/30/2015		L <sup>(1)</sup>	V 15 A \$ 13.26	2,638	D	
	05/29/2015		L <sup>(1)</sup>	V 14 A	2,652	D <sup>(2)</sup>	

Edgar Filing: SEACOAST BANKING CORP OF FLORIDA - Form 4

Common Stock						\$			
						14.21			
Common Stock	06/30/2015		L <sup>(1)</sup>	V	13	A	\$	2,665	D <sup>(2)</sup>
						15.01			
Common Stock	07/31/2015		L <sup>(1)</sup>	V	14	A	\$	2,679	D <sup>(2)</sup>
						14.2			
Common Stock	08/31/2015		L <sup>(1)</sup>	V	14	A	\$	2,693	D <sup>(2)</sup>
						14.78			
Common Stock	09/30/2015		L <sup>(1)</sup>	V	14	A	\$	2,707	D <sup>(2)</sup>
						13.95			
Common Stock	10/30/2015		L <sup>(1)</sup>	V	14	A	\$	2,721	D <sup>(2)</sup>
						14.71			
Common Stock								1,135.41	D <sup>(3)</sup>
Common Stock								1,982	D <sup>(4)</sup>
Common Stock								20	D

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 1474  
(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)	Amount or Number of Shares
Common Stock Right to Buy <sup>(5)</sup>	\$ 12.63					07/01/2015 <sup>(6)</sup> 01/29/2023	Common Stock	3,222
Common	\$ 10.54					04/29/2015 <sup>(7)</sup> 04/29/2024	Common	25,000



Edgar Filing: SEACOAST BANKING CORP OF FLORIDA - Form 4

**(10)** Date fully vested

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.