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Check this box if no longer subject to Section 16. UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB Number: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Expires:									Number: Expires: Estimated ave burden hours response	3235-0287 January 31, 2005 erage		
1(b). (Print or Type R	esponses)											
				2. Issuer Name and Ticker or Trading Symbol Issu SEACOAST BANKING CORP OF FLORIDA [SBCF]					Relationship of Reporting Person(s) to ler (Check all applicable)			
(Last) (First) (Middle)							Director 10% Owner Officer (give title Other (specify w) below)					
				(Month/Day/Year) Appl _X_				ndividual or Joint/Group Filing(Check licable Line) Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(State)	(Zip)	70		D • • • •	•,•	Pers		D (* · 11	0		
1.Title of 2.	. Transaction Date Month/Day/Year)	2A. Deeme	ed Date, if	3. Transactio Code (Instr. 8)	4. Securities A orDisposed of (I (Instr. 3, 4 and	Acquire D) I 5) (A) or	d (A) or	d. Disposed of, 5. Amount of Securities Beneficially Owned Following Reported Transaction(s (Instr. 3 and 4)	Ownership Form: Direct (D) or Indirect (I) S) (Instr. 4)	7. Nature		
Common Stock 0	9/10/2010			Code V A	Amount 3,145.9354	(D) A	Price \$ 1.2776	53,230.238				
Common Stock								14,000	Ι	Held by Spouse		
Common Stock								89,000	D (2)			
Common Stock								38,505.581	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2. Conversion	3. Transaction Date		4. Transasti	5.	6. Date Exer		7. Tit		8. Price of	9. Nu Doriv
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transactic Code (Instr. 8)	orNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D)			Amou Under Secur (Instr.	rlying	Derivative Security (Instr. 5)	Deriv Secur Bene Owne Follo Repo Trans (Instr
					(Instr. 3, 4, and 5)						
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
CROOK MICHAEL SEACOAST BANKING CORP. OF FLORIDA P.O. BOX 9012 STUART, FL 34995	X						
Signatures							
Sharon Mehl as Power of Attorney for T. Michael Crook	09/13/2010						
**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) Held in Seacoast's Non-Employee Directors Deferred Compensation Plan

(2) Held jointly with wife

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.