Edgar Filing: Cok Michael J - Form 4

Cok Michae	el J											
Form 4												
January 02,	2018											
FORM	14 UNITED	STATES	SECU	DITIES		CILAN	CE	COMMISSIO	N.T.	APPROV	/AL	
	UNITED	STATES		shington			GE	COMINISSIO	N OMB Number:		5-0287	
Check the check	nger								Expires:	Janu	ary 31, 2005	
subject Section	to SIAIEN	MENT OF	' CHAI	CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per		
Form 4									response	•	0.5	
Form 5 obligation	-							ge Act of 1934,				
may cor				•	•	- ·		of 1935 or Section	on			
<i>See</i> Inst 1(b).	ruction	30(h)	of the I	nvestment	Compa	ny Act	of IS	940				
(Print or Type	Responses)											
	Address of Reporting	Person [*]	2. Issue	er Name an o	d Ticker of	r Trading	ţ.	5. Relationship	of Reporting I	Person(s) to)	
Cok Micha	el J		Symbol					Issuer				
			INDEPENDENT BANK CORP /MI/ [IBCP]					(Check all applicable)				
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction			XDirector		0% Owner	•	
			(Month/Day/Year) 11/15/2017			Officer (give title Other (specify below) below)						
(Street) 4.		4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check						
Filed(Me				onth/Day/Yea	r)			Applicable Line) _X_ Form filed by One Reporting Person				
GRAND R	APIDS, MI 4952	5							More than One			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securiti	ies Ac	cquired, Disposed	of, or Benefic	cially Own	ed	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3,	(A) or of (D)		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indire (I) (Instr. 4)	Indirect	t cial ship	
						(A)		Reported Transaction(s)				
				Code V	Amount	or (D) P		(Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each cla	uss of sec	urities bene	ficially ow	ned direc	ctly or	r indirectly.				
							-	oond to the colle ained in this form		SEC 147- (9-02		

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.

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

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8. P
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onDerivative	Expiration Date	Underlying Securities	Deri
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (or Dispose (D) (Instr. 3, 4 and 5)	ed of					(Ins
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(1)</u>	11/15/2017		A	v	7.01		<u>(1)</u>	<u>(1)</u>	Common Stock	7.01	\$ 2
Phantom Stock Units	<u>(1)</u>	01/01/2018		А		637.58		<u>(1)</u>	<u>(1)</u>	Common Stock	637.58	\$ 2

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Cok Michael J 4200 E BELTLINE GRAND RAPIDS, MI 49525	Х								
Signatures									
s/Darcy J. Benjamin, Attorney-in-Fact		01/02/20	18						
**Signature of Reporting Person									

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) The Phantom Stock Units were accrued under the Independent Bank Corporation Deferred Compensation and Stock Purchase Plan for Non-Employee Directors and are to be settled in Independent Bank Corporation Common Stock upon the reporting person's retirement.

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.