#### TEAM FINANCIAL INC /KS

Form 4 July 19, 2007

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

**OMB APPROVAL** 

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

January 31, Expires: 2005 Estimated average

0.5

Form 4 or Form 5 obligations may continue.

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

burden hours per response...

See Instruction

30(h) of the Investment Company Act of 1940

1(b).

Common

Stock, No

Par Value

Common Stock, No

Par Value

07/18/2007

07/18/2007

(Print or Type Responses)

1. Name and Address of Reporting Person * JACOBS CAROLYN S			2. Issuer Name and Ticker or Trading Symbol TEAM FINANCIAL INC /KS [TFIN]			5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) PO BOX 40	` , , ` `	(M	3. Date of Earliest Transaction (Month/Day/Year) 07/18/2007			X Director X Officer (g below)	Officer (give title Other (specify		
(Street) PAOLA, KS 66071			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - Non-	Derivative S	ecurities A	cquired, Disposed	of, or Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	Code	4. Securiti or(A) or Dis (D) (Instr. 3, 4	•	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)	
Common Stock, No Par Value						10,000	I	Larry J. Jacobs Revocable Living Trust	

**J**(2)

J(2)

10,000 A

10.000 D

Self

**IRA** 

**ESOP** 

Directed

Ι

I

73,333

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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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		re e	7. Title and a Underlying S (Instr. 3 and	Securities	8. Prio Deriv Secur (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option	\$ 8.94					12/31/2000	12/31/2009	Common Stock	7,500	
Option	\$ 6.625					12/31/2001	12/31/2010	Common Stock	1,500	
Option	\$ 8.32					12/31/2002	12/31/2011	Common Stock	1,500	
Option	\$ 10.106					12/31/2003	12/31/2012	Common Stock	1,500	
Option	\$ 12.41					12/31/2004	12/31/2013	Common Stock	1,500	
Option	\$ 12.194					12/31/2005	12/31/2014	Common Stock	1,500	
Option	\$ 14.3					12/31/2006	12/31/2015	Common Stock	1,500	
Option	\$ 15.97					12/31/2007	12/31/2016	Common Stock	1,500	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
•	Director	10% Owner	Officer	Other		
	X		Sr. VP			

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JACOBS CAROLYN S PO BOX 402 PAOLA, KS 66071

## **Signatures**

/s/ Lois Rausch, by power of attorney

07/18/2007

\*\*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) Annual 2003 TFI ESOP Diversification per election form
- (2) Annual 2003 TFI ESOP Diversification transferred to Self-Directed IRA per election form

#### **Remarks:**

**EXHIBIT 24.1 Power of Attorney** 

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.

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