#### SYNOVUS FINANCIAL CORP

Form 4

February 02, 2006

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

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**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

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

may continue. See Instruction

obligations

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **BEVERLY JOE E** Issuer Symbol SYNOVUS FINANCIAL CORP (Check all applicable) [SNV] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner Officer (give title \_\_X\_ Other (specify (Month/Day/Year) below) below) P. O. BOX 120 02/01/2006 Advisory Director (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting COLUMBUS, GA 31902 Person

| (City)                 | (State)                              | (Zip) Tabl                    | le I - Non-I                                | Derivative                          | Secu             | rities A | cquired, Dispose                         | d of, or Benefic                     | ially Owned                           |  |
|------------------------|--------------------------------------|-------------------------------|---|-------------------------------------|------------------|----------|--|--------------------------------------|---------------------------------------|--|
| 1.Title of<br>Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3. 4. Securities TransactionAcquired (A) or |                                     |                  | or       | 5. Amount of Securities                  | 6. Ownership Form: Direct            | 7. Nature of Indirect                 |  |
| (Instr. 3)             |                                      | any<br>(Month/Day/Year)       | Code (Instr. 8)                             | Disposed of (D) (Instr. 3, 4 and 5) |                  |          | Beneficially<br>Owned<br>Following       | (D) or<br>Indirect (I)<br>(Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|                        |                                      |                               | Code V                                      | Amount                              | (A)<br>or<br>(D) | Price    | Reported Transaction(s) (Instr. 3 and 4) | (msu. 1)                             | (msu. 1)                              |  |
| common<br>stock        | 02/01/2006                           |                               | A   | 500                                 | A                | \$0      | 401,193                                  | D                                    |                                       |  |
| common<br>stock        |                                      |                               |   |                                     |                  |          | 25,000                                   | I                                    | Family Ltd.<br>Partnership            |  |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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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.          | 3. Transaction Date |                    | 4.         | 5.                     | 6. Date Exer        |                 | 7. Title a      |        | 8. Price of | 9. Nu   |
|-------------|-------------|---------------------|--------------------|------------|------------------------|---------------------|-----------------|-----------------|--------|-------------|---------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if |            | onNumber               | Expiration D        |                 | Amount          |        | Derivative  | Deriv   |
| Security    | or Exercise |                     | any                | Code       | of                     | (Month/Day/         | Year)           | Underly         | _      | Security    | Secui   |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative             | e                   |                 | Securitie       | es     | (Instr. 5)  | Bene    |
|             | Derivative  |                     |                    |            | Securities<br>Acquired |                     |                 | (Instr. 3       | and 4) |             | Own     |
|             | Security    |                     |                    |            |                        |                     |                 |                 |        |             | Follo   |
|             | ,           |                     |                    |            | (A) or                 |                     |                 |                 |        |             | Repo    |
|             |             |                     |                    |            | Disposed               |                     |                 |                 |        |             | Trans   |
|             |             |                     |                    |            | of (D)                 |                     |                 |                 |        |             | (Instr  |
|             |             |                     |                    |            | (Instr. 3,             |                     |                 |                 |        |             | (IIISti |
|             |             |                     |                    |            |                        |                     |                 |                 |        |             |         |
|             |             |                     |                    |            | 4, and 5)              |                     |                 |                 |        |             |         |
|             |             |                     |                    |            |                        |                     |                 | A               | mount  |             |         |
|             |             |                     |                    |            |                        | D.                  | E               | 01              | r      |             |         |
|             |             |                     |                    |            |                        | Date<br>Exercisable | Expiration Date | Title Number of | umber  |             |         |
|             |             |                     |                    |            |                        |                     |                 |                 |        |             |         |
|             |             |                     |                    | Code V     | (A) (D)                |                     |                 |                 | hares  |             |         |

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

**BEVERLY JOE E** P.O. BOX 120 COLUMBUS, GA 31902

**Advisory Director** 

**Signatures** 

Garilou Page, 02/01/2006 Attorney-in-Fact

\*\*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).

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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