GALLOWAY JAMES C

Form 4

December 21, 2010

| December 21, | , 2010 | | | | | | | | | |
|---|---------------------------|----------|---|------------------------------------|-----------------|---|---|---|--|--|
| FORM | 4 | | | | | | OMB A | PPROVAL | | |
| Washington, D.C. 20549 | | | | | | OMMISSION | OMB Number: | 3235-0287 | | |
| Check this if no longe subject to Section 16 Form 4 or | STAT | TEMENT C | F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 Re | esponses) | | | | | | | | | |
| 1. Name and Address of Reporting Person ** GALLOWAY JAMES C | | | 2. Issuer Name and Ticker or Trading Symbol | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | CADENO [CADE] | CE FINANCIAL C | CORP | (Check all applicable) | | | | |
| (Last) (First) (Middle) P. O. BOX 1187 | | | 3. Date of E (Month/Day 12/20/201 | | | XDirector10% OwnerOfficer (give title below) Other (specify below) | | | | |
| | (Street) | | 4. If Amend Filed(Month | lment, Date Original /Day/Year) | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| STARKVILI | LE, MS 3970 | 60 | | | | Form filed by M Person | | | | |
| (City) | (State) | (Zip) | Table 1 | I - Non-Derivative Se | curities Acqu | iired, Disposed of | , or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction (Month/Day | any | tion Date, if Transaction(A) or Disposed of (D Code (Instr. 3, 4 and 5) h/Day/Year) (Instr. 8) (A) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Codence | | | | Code V Amount | or (D) Price | (Instr. 3 and 4) | | | | |
| Cadence Financial | | | | | | | | By | | |
| Corporation | | | | | | 0 | I | Employee | | |

| Corporation Common Stock | 0 | I | Benefit Plan |
|--|-------|---|-----------------------------|
| Cadence Financial Corporation Common Stock | 0 | I | By Employee 401K Plan |
| Cadence Financial | 7,000 | I | By 401K Plan |

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Corporation

Common

Stock

Cadence

Financial

Corporation 12/20/2010 12/20/2010

13,000 D \$ 87,654

D

Common Stock

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 Derivative Security (Instr. 3) | | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | 8 | ate | Amou Under Securi | unt of erlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|--|---|---|---|---|---------------------|--------------------|-------------------------|--|---|---|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Relationships Reporting Owner Name / Address

> 10% Owner Officer Other Director

GALLOWAY JAMES C

P. O. BOX 1187 X

STARKVILLE, MS 39760

Signatures

James C. 12/20/2010 Galloway

**Signature of Date Reporting Person

2 Reporting Owners

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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.