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MALLORY LEWIS F JR Form 5 February 07 FORM

Form 5 February 07, 2	2011								
FORM							OMB AF	PROVAL	
Check this b	UNITED S'		CURITIES AN Washington, I	OMB Number:	3235-0362 January 31,				
no longer su to Section 1 Form 4 or F 5 obligation may continu	6. orm ANNU s e.	AL STATE OW	Expires: 2 Estimated average burden hours per response						
See Instructi 1(b). Form 3 Hold Reported Form 4 Transactions Reported	Filed pursu ^{dings} Section 17(a)	of the Publi	Pection 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940						
1. Name and Address of Reporting Person <u>*</u> MALLORY LEWIS F JR			suer Name and Tio lbol DENCE FINAI	-	Is	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
		-	ADE]			(Check an applicable)			
(Last) (First) (Middle) P. O. BOX 1187			tatement for Issuer' nth/Day/Year) 07/2011		_X_ Director 10% Owner _X_ Officer (give title Other (specify below) chairman of the Board and CEO				
	(Street)		Amendment, Date d(Month/Day/Year)	Original	6.	Individual or Joi	nt/Group Repo	orting	
		Flice	u(Monui/Day/Tear)			(check applicable line)			
STARKVILL	.E, MS 39760					K_ Form Filed by O Form Filed by M erson			
(City)	(State) (Z	Cip)	Table I - Non-De	rivative Securit	ies Acquir	ed, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	Code	n (A) or Dispo (D) (Instr. 3, 4 au	osed of	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	

Cadence Financial Corporation Common Stock	02/07/2011	02/07/2011	J	359.08	А	\$ 0	70,579.6498	I	By Employee Benefit Plan
Cadence Financial Corporation Common Stock	02/07/2011	02/07/2011	J	8.76	D	\$ 0	3,107.75	Ι	By Employee 401K Plan

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Cadence Financial Corporation Common Stock	Â	Â	Â	Â	Â	Â	2,853	D	Â
Cadence Financial Corporation Common Stock	Â	Â	Â	Â	Â	Â	100,336	D	Â

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 2270 (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. Transaction Code (Instr. 8)	Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option Right to Buy	\$ 20.75	Â	Â	Â	Â	Â	06/13/2002	06/12/2011	common stock	33,333
Employee Stock Option Right to Buy	\$ 24.11	Â	Â	Â	Â	Â	06/13/2003	06/12/2012	common stock	33,333
Employee Stock Option Right to Buy	\$ 25.2	Â	Â	Â	Â	Â	05/01/2005	04/30/2014	common stock	33,333

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director 10% Owner		Officer	Other				
MALLORY LEWIS F JR P. O. BOX 1187 STARKVILLE, MS 39760		Â	Chairman of the Board and CEO	Â				
Signatures								
Lewis F. 02/0 Mallory, Jr.	07/2011							
<u>**</u> 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 provided 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.