Edgar Filing: MESTDAGH JAMES T - Form 4

MESTDAG	H JAMES T										
Form 4											
December 1	4, 2009										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB	3235-0287			
Check th	nis box		Wa	shington	, D.C. 20	549			Number:	January 31,	
if no lon	aer		ГСЦАХ	JCES IN	DENIEU	CIAI	OWN	ERSHIP OF	Expires: 200		
subject t	0		r Char	SECUE		CIAL	UWIN	LISHII OF	iverage		
Section 1 Form 4 c				SECO	MILLS				burden hours per response 0.5		
Form 5		ursuant to S	Section 1	6(a) of th	e Securit	ies Exc	change	Act of 1934,	response	0.5	
obligatio	ons Section 1'						-	1935 or Section	ı		
may con <i>See</i> Instr	unue.			vestment	•						
1(b).											
(Print or Type)	Responses)										
1 Name and /	Address of Reportin	ng Person *	2.1	N	IT. 1	т 1'		5 Relationship of	Reporting Pers	ron(s) to	
	GH JAMES T			1				5. Relationship of Reporting Person(s) to Issuer			
MESTDAGH JAMES I Symbol Issuer COMMUNITY CENTRAL BANK											
				[ccbd]	CLIVII	L D/ II	111	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date o	f Earliest T	ransaction			X Director	10%	Owner	
				Ionth/Day/Year)				Officer (give titleOther (specify			
C/O COMM	AUNITY CENT	RAL	12/10/2	2009				below)	below)		
BANK CO	RP, PO BOX 7										
(Street) 4. If Ar			4. If Am	Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(M				nth/Day/Yea	r)			Applicable Line) _X_ Form filed by One Reporting Person			
	I EMENIC MI	10046						_X_ Form filed by O Form filed by M			
MOUNIC	LEMENS, MI 4	18040						Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securiti	es Acqu	ired, Disposed of,	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da	te 2A. Deen	ned	3.	4. Securiti	es Acqu	ired (A)	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year) Execution	n Date, if		omr Dispose	ed of (D)		Securities	Ownership	Indirect	
(Instr. 3)		any (Month/F)	Code	(Instr. 3, 4	and 5)		Beneficially Owned	Form:	Beneficial	
		(Nionth/L	Day/Year)	(Instr. 8)				Following	Direct (D) or Indirect	Ownership (Instr. 4)	
						(A)		Reported	(I)		
						(A) or		Transaction(s)	(Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	12/10/2009			Р	173.580	9 A	\$	3,881.375	D		
Stock							1.73				

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.

 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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Insu

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Reporting Owners

Reporting Owner Name / Address		Relationships					
Feering e	Reporting Owner Mane / Marciss		10% Owner	Officer	Other		
MESTDAGH JAMI C/O COMMUNITY PO BOX 7 MOUNT CLEMEN	Х						
Signatures							
S/ James T. Mestdagh	12/14/2009						
**Signature of	Date						

**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).

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.