## Edgar Filing: Kessel William B - Form 4

Kessel William B       Form 4       Image: Check this box if no longer subject to Section 16. Form 5 obligations may continue. See Instruction 1(b).       Image: Check this box if no longer subject to Section 16(a) of the Securities Exchange Act of 1934, and the Investment Company Act of 1935 or Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 17(a) of the Investment Company Act of 1940       Image: Check this box is the public Utility Holding Company Act of 1935 or Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 17(a) of the Investment Company Act of 1940       Image: Check this box is the public Utility Holding Company Act of 1935 or Section 17(a) of the Investment Company Act of 1940       Image: Check this box is the public Utility Holding Company Act of 1935 or Section 17(a) of the Investment Company Act of 1940       Image: Check this box is the public Utility Holding Company Act of 1935 or Section 17(a) of the Investment Company Act of 1940       Image: Check this box is the public Utility Holding Company Act of 1935 or Section 17(a) of the Investment Company Act of 1940       Image: Check this box is the public Utility Holding Company Act of 1935 or Section 17(a) of the Investment Company Act of 1940       Image: Check this box is the public Utility Holding Company Act of 1935 or Section 17(a) of the Investment Company Act of 1940       Image: Check the public Utility Holding Company Act of 1940       Image: Check the public Utility Holding Company Act of 1940       Image: Check the public Utility Holding Company Act of 1940       Image: Check the public Utility Holding Company Act of 1940       Image: Check the public Utility Holding Company Act of 1940       Image: Check the public Utility Holding Company Act of 1940       Image: Check the public Utility Holding Compan											
(Print or Type F	(csponses)										
Kessel William B Symb IND			. Issuer Name <b>and</b> Ticker or Trading mbol IDEPENDENT BANK CORP /MI/ BCP]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Month			Date of Earliest Transaction onth/Day/Year) /05/2012				Director 10% Owner X Officer (give title Other (specify below) President				
			If Amendment, Da led(Month/Day/Year	endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
IONIA, MI 48846 Form filed by More than One Reporting Person							eporting				
(City)	(State)	(Zip)	Table I - Non-I	Derivative	Secur	ities Aco	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	arity (Month/Day/Year) Execution Date, if		ate, if Transacti Code /Year) (Instr. 8)	4. Securi on(A) or D (D) (Instr. 3,	ispose 4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)			
Common Stock	10/05/2012		A	217	A	\$ 0	4,877	D			
Common Stock	10/05/2012		F	84	D	\$ 2.65	4,793	D			
Common Stock							1,371.96	I	By ESOP		

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

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#### 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. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Kessel William B 230 WEST MAIN ST IONIA, MI 48846	President						
Signatures							
s/Darcy J. Benjamin, Attorney-in-Fact	10/05/2012						
<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 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.