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INDEPENDENT BANK CORP /MI/

Form 4 April 01, 2014

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005 Estimated average

Form 4 or Form 5 obligations

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

burden hours per response... 0.5

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| Name and Address of Reporting Person * Boer William J | | | 2. Issuer Name and Ticker or Trading Symbol INDEPENDENT BANK CORP /MI/ [IBCP] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |
|---|-------------------|----------|--|--|
| (Last) 230 WEST MA | (First) AIN STREE | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2014 | X Director 10% Owner Officer (give title below) Other (specify below) |
| IONIA, MI 48 | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acq | uired, Disposed of, or Beneficially Owned |

| | | 1401 | | | 20001 | 10100 1104 | un cu, Disposeu o | -, or <i>Demonstra</i> | -j |
|------------------------|--------------------------------------|-------------------------------|------------------|------------|-------|------------|---------------------------------|----------------------------|-----------------------|
| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3. Transactio | 4. Secur | | | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect |
| (Instr. 3) | (Wionali Day Tear) | any | Code | (Instr. 3, | | ` ′ | Beneficially | (D) or | Beneficial |
| | | (Month/Day/Year) | (Instr. 8) | | | | Owned Following | Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| | | | | | (A) | | Reported | (1110111 1) | (msur i) |
| | | | | | or | | Transaction(s) (Instr. 3 and 4) | | |
| Common | | | Code V | Amount | (D) | Price | (msure and i) | | |
| Common Stock | 04/01/2014 | | A | 494 | A | 12.98 | 19,677 | D | |
| Common Stock | | | | | | | 2,580 | I | By Trust |

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 | 2. Conversion | 3. Transaction Date (Month/Day/Year) | Execution Date, if | 4. Transactio | | 6. Date Exercises Expiration D | ate | 7. Title a | of | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|-------------------------|--------------------------------------|-------------------------|------------------|-------------------|--------------------------------|------------|-----------------------|-------------|------------------------|----------------|
| Security (Instr. 3) | or Exercise Price of | | any (Month/Day/Year) | Code (Instr. 8) | of Derivative | (Month/Day/ e | i cai j | Underlyi Securitie | _ | Security (Instr. 5) | Secur Bene |
| | Derivative | | | | Securities | | | (Instr. 3 | and 4) | | Owne |
| | Security | | | | Acquired (A) or | | | | | | Follo Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) (Instr. 3, | | | | | | (Instr |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | A | mount | | |
| | | | | | | Date | Expiration | or Title N | r Iumber | | |
| | | | | | (4) | Exercisable | Date | of | f | | |
| | | | | Code V | (A) (D) | | | Sl | hares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|--|
| • 0 | Director | 10% Owner | Officer | Other | | | | |
| Boer William J | | | | | | | | |
| 230 WEST MAIN STREET | X | | | | | | | |
| IONIA MI 48846 | | | | | | | | |

Signatures

s/Darcy J. Benjamin, Attorney-in-Fact 04/01/2014

**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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