SECURITIES

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 Responses)

1. Name and A Person <u>*</u> Sevy Hat		porting	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol TEAM FINANCIAL INC /KS [TFIN]					
(Last)	(First)	(Middle)	06/20/2006	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
P.O. BOX 402 (Street) PAOLA, KS 66071				(Check all applicable) Director 10% Owner Officer Other (give title below) (specify below)			 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 - N	Non-Derivat	ive Securiti	es Be	neficially Owned		
1.Title of Secu (Instr. 4)	ırity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr	*		
Common St	tock, No Pa	r Value	3,000		D	Â			
Reminder: Rep owned directly	•		ach class of securities benefic	^{ially} S	EC 1473 (7-02	<i>.</i>)			
	inforn requi	nation conta red to respo	pond to the collection of ained in this form are not and unless the form displ MB control number.	t					
r	Fable II - De	rivative Secu	rities Beneficially Owned (e	.g., puts, calls,	warrants, opt	tions, c	onvertible securities)		
1. Title of Der	ivative Securi	ty 2. Da	ate Exercisable and 3. Title	and Amount o	f 4.	5.	6. Nature of Indirect		

	1. Title of Derivative Security	2. Date Exerc	cisable and	3. Title and	Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)		Expiration Da	ate	Securities Underlying		Conversion	Ownership	Beneficial Ownership
		(Month/Day/Year)		Derivative Security		or Exercise	Form of	(Instr. 5)
				(Instr. 4)		Price of	Derivative	
		Data	Englanding	T:41-	A	Derivative	Security:	
		Date	Expiration	The	Amount or	Security	Direct (D)	
		Exercisable	Date		Number of		or Indirect	

Estimated average burden hours per

response...

0.5

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 8	Director	10% Owner	Officer	Other			
Sevy Harold G Jr P.O. BOX 402 PAOLA, KS 66071	ÂX	Â	Â	Â			
Signatures							
/s/ Lois Rausch, by power of attorney	06/20/2006						
<u>**</u> Signature of Reporting Person		Date					

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).

Â **Remarks:** EXHIBIT 24.1 Power of Attorney

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.