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| INDEPEND Form 4 February 16 | DENT BANK C | ORP | | | | | | | | | |
| • | ЛЛ | | | | | | | | OMB AF | PROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549 | | | | | | OMMISSION | OMB Number: | Number:3235-0287Expires:January 31, 2005Estimated average burden hours per response0.5 | | | |
| Check th if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr | ger o 16. or Filed p ons tinue. | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 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 | | | | | | | | | |
| 1(b). | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> SEKSAY EDWARD H | | | 2. Issuer Name and Ticker or Trading Symbol INDEPENDENT BANK CORP [INDB] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) C/O INDEI CORP., 288 | 3. Date of Earliest Transaction (Month/Day/Year) 02/11/2016 | | | | | Director 10% Owner X Officer (give title Other (specify below) General Counsel | | | | | |
| | | | | Amendment, Date Original (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 | | | |
| | | (7.) | | | | | | Person | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-I | Derivative | Secu | rities Acq | uired, Disposed of | or Beneficial | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | r) Executio any | Execution Date, if Transaction(A) | | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 02/11/2016 | | | Code V A | Amount 1,300 (1) | (D) A | Price \$ 0 | 13,450 | D | | |
| Common Stock | 02/12/2016 | | | F | - 96 | D | \$ 43.075 | 13,354 | D | | |
| Common Stock | 02/14/2016 | | | F | 228 | D | \$ 43.075 | 13,126 | D | | |

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

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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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. Transacti Code (Instr. 8) | 5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | 7. Title Amou Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|--|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|------------|-----------|--------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| SEKSAY EDWARD H C/O INDEPENDENT BANK CORP. 288 UNION STREET ROCKLAND, MA 02370 | | | General C | ounsel | | | | |
| Signatures | | | | | | | | |
| /s/ Sarah E. Hutchings, Power of Attor Seksay | 0 | 02/16/2016 | | | | | | |
| <u>**</u> Signature of Reporting Per | | 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).
- (1) Independent Bank Corp. awarded Time Vesting Restricted Stock to reporting person.

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.