#### Edgar Filing: MERCANTILE BANK CORP - Form 4

MERCANTILE BANK CORP Form 4 November 25, 2015 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading STONE SAMUEL G Issuer Symbol MERCANTILE BANK CORP (Check all applicable) [MBWM] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner Other (specify Officer (give title (Month/Day/Year) below) below) C/O MERCANTILE BANK 11/24/2015 EXECUTIVE VICE PRESIDENT CORPORATION, 310 LEONARD STREET (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting GRAND RAPIDS, MI 49504 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired (A) 5. Amount of 7. Nature of 6. Indirect Security (Month/Day/Year) Execution Date, if Transaction Disposed of (D) Securities Ownership (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial anv (Month/Day/Year) (Instr. 8) Owned Direct (D) Ownership or Indirect Following (Instr. 4) Reported  $(\mathbf{I})$ (A) Transaction(s) (Instr. 4) or (Instr. 3 and 4) Code V Amount (D) Price Common \$ 11/24/2015 6,976 D Μ 1.378 Α Stock 22.8662 Common 1,378 11/24/2015 S \$25.1 2.367 Ι D by Trust Stock Common 30,407.795 I by 401K Stock (1)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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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 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)	ransaction of Derivative ode Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Common Stock - right to buy)	\$ 22.8662	11/24/2015		М		1,378	06/01/2014	11/28/2015	Common Stock	1,378
Employee Stock Option (Common Stock - right to buy)	\$ 22						06/01/2014	11/27/2016	Common Stock	1,312
Employee Stock Option (Common Stock - right to buy)	\$ 16						06/01/2014	12/03/2017	Common Stock	4,500
Employee Stock Option (Common Stock - right to buy)	\$ 7.8						06/01/2014	11/24/2018	Common Stock	4,500
Employee Stock	\$ 22.15						11/13/2016	11/12/2021	Common Stock	1,000

**Reporting Owner Name / Address** 

Director 10% Owner Officer

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Relationships

Other

STONE SAMUEL G C/O MERCANTILE BANK CORPORATION 310 LEONARD STREET GRAND RAPIDS, MI 49504

# EXECUTIVE VICE PRESIDENT

Signatures

Option (right to buy)

/s/ Bradley J. Wyatt, Attorney-in-Fact

11/25/2015

\*\*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).

(1) Includes shares Mr. Stone acquired pursuant to the issuer's 401(k) Plan since his last report of common stock ownership.

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.