### Edgar Filing: CAMCO FINANCIAL CORP - Form 4

| CAMCO FI<br>Form 4<br>October 12,                           |                                       | COR    | Р  |   |                 |      |   |                        |           |  |                |                                 |           |                  |        |
|---|---------------------------------------|--------|--|---|-----------------|------|---|------------------------|-----------|--|----------------|---------------------------------|-----------|------------------|--------|
| FORM  | ЛЛ                                    |        |  |   |                 |      |   |                        |           |  |                | ON                              | /IB APF   | ROVA             | L      |
|   | UN                                    | ITED   | STATES                                   |   |                 |      | AND EX<br>, D.C. 2  |                        |           | E COMMISSI   | ON             | OMB<br>Numbe                    | er:       | 3235-            | 0287   |
| Check th<br>if no lon                                       | ger                                   |        |  |   | _               |      |   |                        |           |  | Expire         | s:                              | Januai    | -                |        |
| subject t<br>Section<br>Form 4 o                            | 6. STATEMENT OF CHANGES IN BENEFICIA. |        |  |   |                 |      |   |                        |           | WNERSHIP   | burder         | imated average<br>den hours per |           | 2005<br>0.5      |        |
| Form 5<br>obligatio<br>may con<br><i>See</i> Instr<br>1(b). | ons Secti                             | -      | a) of the                                | Public U  | Jtility I       | Hol  |   | mpai                   | ny Act    | nge Act of 193<br>t of 1935 or Se<br>1940  |                |                                 |           |                  |        |
| (Print or Type  | Responses)                            |        |  |   |                 |      |   |                        |           |  |                |                                 |           |                  |        |
|   |                                       |        |  | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>CAMCO FINANCIAL CORP |                 |      |   |                        |           | 5. Relationship of Reporting Person(s) to Issuer   |                |                                 |           |                  |        |
|   |                                       | [CAFI] |  |   |                 |      |   | (Check all applicable) |           |  |                |                                 |           |                  |        |
| (Last)<br>902 EDGE  | (First)                               |        | Middle)<br>F.                            | 3. Date of (Month/2) 10/11/2  | Day/Yea         |      | ransactior  | l                      |           | X Directo<br>Officer<br>below)   |                | itle<br>below                   |           | wner<br>(specify |        |
| ASHLAND   | (Street)                              |        | -  |   | endmen          |      | vate Origin<br><sup>ur)</sup>                               | al                     |           | 6. Individual<br>Applicable Lin<br>_X_ Form file<br>Form fileo<br>Person   | ne)<br>d by Oi | ne Report                       | ing Perso | on               |        |
| (City)  | (State)                               |        | (Zip)                                    | Tab   | ole I - N       | on-l | Derivativ   | e Secu                 | irities 4 | Acquired, Dispos   | ed of,         | or Bene                         | eficially | Ownee            | d      |
| 1.Title of<br>Security<br>(Instr. 3)                        | 2. Transactic<br>(Month/Day           |        | 2A. Deem<br>Execution<br>any<br>(Month/D | Date, if  | Code<br>(Instr. | 8)   | 4. Securi<br>onAcquired<br>Disposed<br>(Instr. 3,<br>Amount | (A) c<br>of (D         | ))        | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | Form<br>Direc  | ct (D)<br>direct                | Owner     | et Bene<br>ship  | ficial |
| Common<br>Stock   | 10/11/200                             | 5      |  |   | М               |      | 5,028   | A                      | \$<br>7.4 | 59,584   | D              |                                 |           |                  |        |
| Common<br>Stock   |                                       |        |  |   |                 |      |   |                        |           | 3,589 <u>(1)</u>   | Ι              |                                 | By 4(     | )1(k)            | Plan   |
| Common<br>Stock   |                                       |        |  |   |                 |      |   |                        |           | 1,492  | I              |                                 | •         | eferre<br>pensat |        |
| Common<br>Stock   |                                       |        |  |   |                 |      |   |                        |           | 16,729   | Ι              |                                 | By Sj     | pouse            |        |

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

#### Edgar Filing: CAMCO FINANCIAL CORP - Form 4

Persons who respond to the collection of information contained in this form are not required to respond unless the form 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4. 5. Number<br>Transaction Derivative<br>Code Securities<br>(Instr. 8) Acquired<br>(A) or<br>Disposed of<br>(D)<br>(Instr. 3, 4,<br>and 5) |         | 6. Date Exerci<br>Expiration Dat<br>(Month/Day/Y | te                 | 7. Title and Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |  |
|---|---|---|---|---|---------|--|--------------------|---|--|
|   |   |   |   | Code V  | (A) (D) | Date<br>Exercisable                              | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |
| Right to<br>Buy                                     | \$ 7.4  | 10/11/2005                              |   | М   | 5,028   | 11/24/1998                                       | 10/25/2005         | Common<br>Stock   | 5,028                                  |
| Right to<br>Buy                                     | \$ 16.51  |   |   |   |         | 01/27/2005                                       | 01/27/2015         | Common<br>Stock   | 5,000                                  |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                    | Relationships |           |         |       |  |  |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|--|--|
|  | Director      | 10% Owner | Officer | Other |  |  |  |  |  |
| LEAKE PAUL D<br>902 EDGEWOOD AVENUE<br>ASHLAND, KY 41102 | Х             |           |         |       |  |  |  |  |  |
| Signatures   |               |           |         |       |  |  |  |  |  |
| Mark A. Severson POA for Pau<br>Leake                    | ul D.         | 10/1      | 2/2005  |       |  |  |  |  |  |

## **Explanation of Responses:**

\*\*Signature of Reporting Person

- \* 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).

Date

(1) Between June 2005 and September 2005, the reporting person acquired 29 shares of stock under the 401(k) Plan. The inhformation in this report is based on a plan statement dated 9/30/05.

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.

8 D S (]