## Edgar Filing: MILLER CARSON K - Form 4

| MILLER C  | ARSON K  |  |   |             |             |          |                       |   |   |                                     |  |
|---|--|--|---|-------------|-------------|----------|-----------------------|---|---|-------------------------------------|--|
| Form 4<br>October 30  | 2000   |  |   |             |             |          |                       |   |   |                                     |  |
|   |  |  |   |             |             |          |                       |   | ON  | /IB APPROVAL                        |  |
|   | FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 |  |   |             |             |          |                       |   | 3235-0287   |                                     |  |
| Check t<br>if no los<br>subject<br>Section<br>Form 4<br>Form 5<br>obligati<br>may co  | to<br>16.<br>or<br>Filed pu<br>ons<br>Section 17                               | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section |   |             |             |          |                       |   |   |                                     |  |
| <i>See</i> Inst<br>1(b).  |  | 30(h)  | of the l  | Investme    | nt Comp     | any A    | ct of 19              | 40  |   |                                     |  |
| (Print or Type  | Responses)   |  |   |             |             |          |                       |   |   |                                     |  |
| 1. Name and Address of Reporting Person <u>*</u><br>MILLER CARSON K   |  |  | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>CAMCO FINANCIAL CORP<br>[CAFI]   |             |             |          |                       | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)   |   |                                     |  |
| (Last) (First) (Middle) 729 VALLEYWOOD HEIGHTS  |  |  | <ol> <li>Date of Earliest Transaction<br/>(Month/Day/Year)</li> <li>10/30/2009</li> </ol> |             |             |          |                       | X_ Director 10% Owner<br>Officer (give title Other (specify<br>below) below)  |   |                                     |  |
| DRIVE   |  |  | 10/20/  | 2007        |             |          |                       |   |   |                                     |  |
| (Street)  |  |  | 4. If Amendment, Date Original Filed(Month/Day/Year)                                      |             |             |          |                       | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul> |   |                                     |  |
| HOWARD  | о, ОН 43028  |  |   |             |             |          |                       | Form filed b<br>Person  | y More than C   | One Reporting                       |  |
| (City)  | (State)  | (Zip)  | Ta  | ble I - Nor | n-Derivativ | ve Secu  | urities Ac            | quired, Disposed  | l of, or Bene   | ficially Owned                      |  |
| 1.Title of<br>Security2. Transaction Date<br>(Month/Day/Year)2A. Deemed<br>Execution Da<br>any<br>(Month/Day/(Instr. 3)any<br>(Month/Day/ |  | Date, if Transaction(A) or Dispose<br>Code (Instr. 3, 4 and<br>//Year) (Instr. 8)  |   |             | sposed      | l of (D) | Following<br>Reported | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)  | 7. Nature of<br>Indirect Beneficia<br>Ownership<br>(Instr. 4) |                                     |  |
|   |  |  |   | Code V      | Amount      | or       | Price                 | Transaction(s) (Instr. 3 and 4)   | (Instr. 4)  |                                     |  |
| Common<br>Stock   | 10/30/2009   |  |   | Р           | 909.84      | А        | \$<br>2.035           | 6,565.84  | Ι   | By Deferred<br>Compensation<br>Plan |  |
| Common<br>Stock   |  |  |   |             |             |          |                       | 1,699   | D   |                                     |  |

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

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.

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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<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) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Amou<br>Unde<br>Secur | le and<br>unt of<br>rlying<br>rities<br>. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---|---------------------|--------------------|-----------------------|--|---|---|
|   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares             |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address                                      | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
|   | Director      | 10% Owner | Officer | Other |  |  |  |
| MILLER CARSON K<br>729 VALLEYWOOD HEIGHTS DRIVE<br>HOWARD, OH 43028 | Х             |           |         |       |  |  |  |
| Signatures  |               |           |         |       |  |  |  |
| /s/Kristina K. Tipton, POA for Carson K.<br>Miller                  | 10/30/2009    |           |         |       |  |  |  |
| **Signature of Reporting Person                                     |               | Date      |         |       |  |  |  |
| Evenlay attack of Deeman  |               |           |         |       |  |  |  |

## **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.