Edgar Filing: MERCANTILE BANK CORP - Form 4

MERCANTII Form 4 June 30, 2014	LE BANK COR	ХР									
FORM	4 UNITED	STATES	SECUR	ITIFS AT	ND FX(THAT	NCF	COMMISSION	- -	PPROVAL	
Check this l		UNITED STATES SECURITIES AND Washington, D.C							OMB Number:	3235-0287	
if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	Filed pu Section 17	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							Estimated a burden hou response	Estimated average burden hours per response 0.5	
(Print or Type Ro	esponses)										
1. Name and Ac CASSARD I	ldress of Reporting DAVID M	Person *	Symbol	Name and ' NTILE B []			g	5. Relationship o Issuer (Che	f Reporting Per ck all applicable		
	(First) (ANTILE BANK YON, 310 LEO		3. Date of (Month/Da 06/26/20	-	nsaction			Director Officer (give below)		6 Owner er (specify	
	(Street)	(Street) 4. If Amen Filed(Month			e Original			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
GRAND RA	PIDS, MI 4950	4						Form filed by Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	 Execution any 	med on Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) o l of (D)	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	06/26/2014			А	450	А	\$0	20,435	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.

 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Relationships

10% Owner Officer Other

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Reporting Owners

Reporting Owner Name / Address

CASSARD DAVID M C/O MERCANTILE BANK CORPORATION 310 LEONARD ST. GRAND RAPIDS, MI 49504

Signatures

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

06/30/2014

Date

Director

**Signature of Reporting Person

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.