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TEAM FINA Form 4	ANCIAL INC /	KS								
May 30, 200									OMB AF	PROVAL
	UNITE	D STATES		ATTIES A			NGE C	OMMISSION	OMB Number:	3235-0287
Check th if no long subject to	ger STATI	EMENT O	F CHAN	GES IN	NERSHIP OF	Expires: Estimated a	January 31, 2005 average			
Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	6. r Filed p ns Section 1		ility Hole	e Securi ding Cor	npany	y Act of	e Act of 1934, 71935 or Section 0	burden hour response	•	
(Print or Type I	Responses)									
	Address of Reportin		Symbol	[•] Name and FINANC			ng	5. Relationship of Issuer		
			[TFIN]						c all applicable	
(Last) PO BOX 40	(First)	(Middle)	3. Date of (Month/D 05/29/20	-	ansaction			X Director X Officer (give below) Chairman		Owner er (specify CEO
PAOLA, KS	(Street) 5 66071			ndment, Da th/Day/Year	-	1		6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M Person	ne Reporting Pe	rson
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any		3. Transactic Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ties Adispose 4 and (A) or	cquired d 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
Common Stock, No Par Value								58,999	I	Spouse
Common Stock, No Par Value								340	I	Minor Children
Common Stock, No Par Value								24,663	I	Self Directed IRA
Common Stock, No	05/29/2007			А	100	А	\$ 14.35	110,077	Ι	ESOP

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Par Value					(2)			
Common Stock, No Par Value	05/29/2007	A	1,537	А	\$ 14.55 (3)	111,614	Ι	ESOP

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pri Deriv Secu (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option	\$ 8.94					12/31/2000	12/31/2009	Common Stock	20,000	
Option	\$ 8.94					(1)	01/01/2010	Common Stock	15,000	
Option	\$ 6.625					12/31/2001	12/31/2010	Common Stock	15,000	
Option	\$ 6.625					(1)	01/01/2011	Common Stock	15,000	
Option	\$ 8.32					(1)	01/01/2012	Common Stock	15,000	
Option	\$ 10.106					12/31/2003	12/31/2012	Common Stock	4,000	
Option	\$ 10.106					(1)	01/01/2013	Common Stock	15,000	
Option	\$ 12.41					(1)	01/01/2014	Common Stock	15,000	
Option	\$ 12.194					(1)	01/01/2015	Common Stock	15,000	

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Option	\$ 14.3	(1)	01/01/2016	Common Stock	15,000
Option	\$ 15.97	(1)	01/01/2017	Common Stock	15,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
WEATHERBIE ROBERT J PO BOX 402 PAOLA, KS 66071	Х		Chairman of the Board, CEO				
Signatures							
/s/ Lois Rausch, by power of		05/29/20)7				

**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) Shares vest under these options in specified increments upon the reporting person and the company meeting specified financial and/or qualitative objectives and goals. To date, 90,000 shares have vested under these options.
- (2) Annual 2006 TFI ESOP Forfeiture Allocation
- (3) Annual 2006 TFI ESOP Contribution Allocation

Remarks: EXHIBIT 24.1 Power of Attorney

attorney

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.