## Edgar Filing: CHEMICAL FINANCIAL CORP - Form 4

| Form 4                                                                                                                                          | FINANCIAL C                             | ORP                                      | 5                                 |                                                      |                                                 |         |                         |                                                                                                                                                                                                         |                                                                         |                                                                   |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------|-----------------------------------|------------------------------------------------------|-------------------------------------------------|---------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------|--|--|
| Check this box       if no longer         subject to       STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF         Section 16.       SECURITIES |                                         |                                          |                                   |                                                      |                                                 |         |                         |                                                                                                                                                                                                         |                                                                         | 3235-0287<br>January 31,<br>2005<br>verage                        |  |  |
| Fitterling James R Symbol                                                                                                                       |                                         |                                          |                                   | er Name and Ticker or Trading<br>ICAL FINANCIAL CORP |                                                 |         |                         | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)                                                                                                                           |                                                                         |                                                                   |  |  |
| (Last)<br>2030 DOW                                                                                                                              |                                         | Middle)                                  | 3. Date of<br>(Month/E<br>01/30/2 | -                                                    | ansaction                                       |         |                         | _X_ Director<br>Officer (give t<br>below)                                                                                                                                                               |                                                                         | Owner<br>r (specify                                               |  |  |
|                                                                                                                                                 |                                         |                                          |                                   | endment, Date Original<br>onth/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> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul> |                                                                         |                                                                   |  |  |
| (City)                                                                                                                                          | (State)                                 | (Zip)                                    | Tabl                              | le I - Non-D                                         | Derivative                                      | Secur   | ities Acqu              | uired, Disposed of,                                                                                                                                                                                     | or Beneficiall                                                          | y Owned                                                           |  |  |
| 1.Title of<br>Security<br>(Instr. 3)                                                                                                            | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deem<br>Execution<br>any<br>(Month/D | Date, if                          | 3.<br>Transactio<br>Code<br>(Instr. 8)<br>Code V     | 4. Securi<br>n(A) or Di<br>(Instr. 3,<br>Amount | isposed | d of (D)<br>5)<br>Price | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                                                                                      | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
| Common<br>Stock                                                                                                                                 | 01/30/2017                              |                                          |                                   | Р                                                    | 1,500                                           | А       | \$<br>48.569            | 23,044.358                                                                                                                                                                                              | 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<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>Transactio<br>Code<br>(Instr. 8) | of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, |                     | ate                | Amou<br>Under<br>Secur | le and<br>ant of<br>rlying<br>ities<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                                 | 4, and 5)<br>(A) (D)                                                                     | Date<br>Exercisable | Expiration<br>Date | Title                  | Amount<br>or<br>Number<br>of<br>Shares            |                                                     |                                                                             |

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## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                      | Relationships |           |         |       |  |  |  |
|------------------------------------------------------------|---------------|-----------|---------|-------|--|--|--|
| 1 0                                                        | Director      | 10% Owner | Officer | Other |  |  |  |
| Fitterling James R<br>2030 DOW CENTER<br>MIDLAND, MI 48674 | Х             |           |         |       |  |  |  |
| Signatures                                                 |               |           |         |       |  |  |  |
| /s/ Jeffrey A. Ott, His<br>Attorney-in-Fact                |               | 01/31/20  | 017     |       |  |  |  |
| **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).

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.