Fogg Blaine V Form 4 June 11, 2012

## FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

10% Owner

Other (specify

0.5

Estimated average burden hours per response...

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Fogg Blaine V

(Last)

(City)

(Instr. 3)

2. Issuer Name and Ticker or Trading

Symbol

SEACOR HOLDINGS INC /NEW/

[CKH]

(Month/Day/Year) 06/07/2012

3. Date of Earliest Transaction

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

C/O SEACOR HOLDINGS

(First)

(Middle)

(Zip)

INC., 2200 ELLER DRIVE

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

below)

6. Individual or Joint/Group Filing(Check Applicable Line)

X\_ Director

Officer (give title

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

FORT LAUDERDALE, FL 33316

(State)

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if

Code (Month/Day/Year) (Instr. 8)

3. 4. Securities TransactionAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct (D) or Indirect (I) (Instr. 4)

Indirect Beneficial Ownership (Instr. 4)

Reported (A) Transaction(s) or

(Instr. 3 and 4) Price (D)

Common 06/07/2012 Stock

 $A^{(1)}$ 

Code V Amount 125 A

\$0 1,875 D

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

### Edgar Filing: Fogg Blaine V - Form 4

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. Transactic Code (Instr. 8)	5. Number proof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (right to buy)	\$ 87.08	06/07/2012		A(2)	3,000	06/07/2013(3)	06/07/2022	Common Stock	3,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
. 0	Director	10% Owner	Officer	Other		
Fogg Blaine V C/O SEACOR HOLDINGS INC. 2200 ELLER DRIVE FORT LAUDERDALE, FL 33316	X					

## **Signatures**

Paul L. Robinson, Attorney-in-Fact 06/11/2012

\*\*Signature of Reporting Person Da

## **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) The stock award being reported on this Form 4 was granted pursuant to SEACOR Holdings Inc.'s Amended 2007 Share Incentive Plan.
- (2) The option award being reported on this Form 4 was granted pursuant to SEACOR Holdings Inc.'s Amended 2007 Share Incentive Plan.
- The options will vest and be exercisable on the earlier of (a) June 7, 2013, or (b) the date of the first annual meeting of stockholders after the date of the grant of the option, provided that the Reporting Person continues to serve as a director of SEACOR Holdings Inc. on such date. The option will vest and be immediately exercisable upon (i) a change in control of SEACOR Holdings Inc. or (ii) the termination of directorship of the Reporting Person by reason of disability, death or voluntary retirement.

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.

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