### Edgar Filing: TWAROZYNSKI JAMES J - Form 4

Form 4	NSKI JAMES J											
January 24, 2 FORN	Л	STATES		ITIES Al hington,			NGE (	COMMISSION		PPROVAL 3235-0287		
Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	ger 5 16. 5 7 Filed purs 15 17 17 17 18 19 19 10 10 10 10 10 10 10 10 10 10	uant to S ) of the l	F <b>CHAN</b> Section 10 Public Ut	GES IN I SECUR	BENEFI ITIES e Securiti ing Com	<b>CIA</b> ies E ipany	xchang Act of	NERSHIP OF ge Act of 1934, f 1935 or Sectio 40	Expires: Estimated a burden hou response	rs per		
(Print or Type I	Responses)											
TWAROZYNSKI JAMES J <sub>S</sub>			Symbol	INDEPENDENT BANK CORP /MI/					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				Earliest Tra ay/Year) )19	ansaction			Director 10% Owner X_ Officer (give title Other (specify below) below) Senior Vice President				
				ndment, Date Original hth/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> </ul>				
GRAND RA	APIDS, MI 49525							Person	fore than One Re	eporting		
(City)	(State) (	Zip)	Table	e I - Non-Do	erivative S	Securi	ties Acc	quired, Disposed of	, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)			
Common Stock	01/21/2019			M	296	A	<u>(1)</u>	5,980	D			
Common Stock	01/21/2019			F	130	D	\$ 22.8	5,850	D			
Common Stock	01/21/2019			F	370	D	\$ 22.8	5,480	D			
Common Stock	01/22/2019			А	565	А	\$0	6,045	D			
Common Stock								3,080.97	I	By ESOP		

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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. Transactic Code (Instr. 8)	Derivative		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
Performance Right	<u>(1)</u>	01/21/2019		М		280	<u>(1)</u>	01/21/2019	Common Stock	<u>(1)</u>
Performance Right	<u>(2)</u>	01/22/2019		А	188		(2)	01/22/2022	Common Stock	<u>(2)</u>

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
TWAROZYNSKI JAMES J 4200 E BELTLINE GRAND RAPIDS, MI 49525			Senior Vice President				
Signatures							
s/Darcy J. Benjamin, Attorney-in-Fact		01/24/20	19				

<u>\*\*</u>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) Each Performance Right (PSU) represented a contingent right to receive not more than two (2) shares of Issuer Common Stock, based upon the total shareholder return of Issuer's common stock, relative to its peer group index.
- (2) Each Performance Right (PSU) represents a contingent right to receive not more than two (2) shares of Issuer Common Stock, based upon the total shareholder return of Issuer's common stock, relative to its peer group index.

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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.