### Edgar Filing: SCBT FINANCIAL CORP - Form 4

| SCBT FINAN<br>Form 4  | NCIAL CORP                           |                          |                       |  |                    |                    |            |  |  |                        |
|---|--------------------------------------|--------------------------|-----------------------|--|--------------------|--------------------|------------|--|--|------------------------|
| January 26, 2   | 007                                  |                          |                       |  |                    |                    |            |  |  |                        |
| FORM  | 4                                    |                          |                       |  |                    |                    |            |  |  | PPROVAL                |
|   | UNITED                               | STATES                   |                       | ITIES Al<br>hington,                             |                    |                    | NGE (      | COMMISSION   | OMB<br>Number:   | 3235-0287              |
| Check this<br>if no long  | F CHAN                               | CHANGES IN BENEFICIAL OW |                       |  |                    |                    | Expires:   | January 31,<br>2005  |  |                        |
| subject to<br>Section 16<br>Form 4 or                           | 5.                                   | SECURITIES               |                       |  |                    |                    |            | Estimated average burden hours per   |  |                        |
| Form 5<br>obligation<br>may conti<br><i>See</i> Instru<br>1(b). | Filed pu<br>s Section 17             | (a) of the l             | Public Ut             |  | ing Com            | ipany              | Act of     | ge Act of 1934,<br>f 1935 or Sectio<br>40  | response   | 0.5                    |
| (Print or Type R  | esponses)                            |                          |                       |  |                    |                    |            |  |  |                        |
| 1. Name and Ad<br>MATHIS RI                                     | ddress of Reporting<br>CHARD C       | Person <sup>*</sup>      | Symbol                | Name and   |                    |                    | -          | 5. Relationship of<br>Issuer   |  |                        |
| (Last)  | (First) (                            | Middle)                  |                       | Earliest Tra                                     |                    | L                  | ,          | (Chec  | ck all applicable  | e)                     |
|   |                                      |                          | (Month/Da<br>01/24/20 | -  |                    |                    |            | Director<br>X Officer (give<br>below)<br>Chief   |  |                        |
|   | (Street)                             |                          |                       | ndment, Dat<br>th/Day/Year)                      | -                  |                    |            | 6. Individual or Jo<br>Applicable Line)<br>_X_ Form filed by 0<br>Form filed by N<br>Person                        |  | erson                  |
| (City)  | (State)                              | (Zip)                    | Table                 | e I - Non-D                                      | erivative S        | Securi             | ties Acc   | quired, Disposed of  | f, or Beneficial   | ly Owned               |
| 1.Title of<br>Security<br>(Instr. 3)                            | 2. Transaction Da<br>(Month/Day/Year | ) Executio<br>any        | on Date, if           | 3.<br>Transactic<br>Code<br>(Instr. 8)<br>Code V | on(A) or Di<br>(D) | 4 and<br>(A)<br>or | d of       | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | Indirect<br>Beneficial |
| Common<br>Stock   | 01/24/2007                           |                          |                       | F  | 203                | D                  | \$<br>37.4 | 22,809   | 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) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
|   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |  |

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### **Reporting Owners**

| Reporting Owner Name / Address          | Relationships |           |                         |       |  |  |  |
|---|---------------|-----------|-------------------------|-------|--|--|--|
| I O O O O O O O O O O O O O O O O O O O | Director      | 10% Owner | Officer                 | Other |  |  |  |
| MATHIS RICHARD C                        |               |           | Chief Financial Officer |       |  |  |  |

# Signatures

| Richard C. | 01/26/2007 |
|------------|------------|
| Mathis     | 01/20/2007 |

<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).

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.