Edgar Filing: ST JOE CO - Form 4

ST JOE CO											
Form 4											
April 04, 20	05										
FORM	ΠΔ								OMB AF	PROVAL	
	UNITE	CD STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check th							Expires:	January 31,			
if no long subject to	STAT	EMENT O	F CHAN	GES IN	BENEF	ICIA	L OW	NERSHIP OF	•	2005	
Section 16. SECURITIES								Estimated average burden hours per			
Form 4 c	or								response	0.5	
Form 5	-	•					•	e Act of 1934,			
obligatio may cont				•	•			1935 or Section	1		
See Instr		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
(Drint or Type)	D as p onsas)										
(Print or Type]	Responses)										
1. Name and A	Address of Report	ing Person *	2 Issue	· Name and	l Ticker or	Tradia	na	5. Relationship of	Reporting Pers	son(s) to	
				2. Issuer Name and Ticker or Trading ymbol				Issuer			
			-	CO [JOE	51						
								(Check all applicable)			
				3. Date of Earliest Transaction				X Director	100	Owner	
245 RIVER	SIDE AVENU	IF SUITE	(Month/D 03/31/2	-				Officer (give		er (specify	
500			05/51/2	005				below)	below)		
200	(Streat)		4 TE A	u durant Da		1			ind Comment	-(01 1	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
			T TIEU (MOI	iui/Day/1eai	.)			_X_ Form filed by C	One Reporting Pe	rson	
JACKSON	VILLE, FL 322	202						Form filed by M	lore than One Re	porting	
								Person			
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security (Month/Day/Year) Execution								Securities	Form: Direct		
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 3, 4 and 5)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(Monul/	Day/rear)	(Instr. 8)				Following	(Instr. 4)	(Instr. 4)	
						()		Reported	(1115111-1)	(1115117-1)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	04/01/2005			А	252	A	\$	2,022	D		
Stock	0 1/01/2005			11	252		67.98	-,022	2		

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration E (Month/Day	Date	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price Derivati Security (Instr. 5
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	<u>(1)</u>	03/31/2005	А	3.25	(2)	(2)	Common Stock	3.25	\$ 67.

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
DURDEN HUGH M 245 RIVERSIDE AVENUE SUITE 500 JACKSONVILLE, FL 32202	X							
Signatures								
/s/ Reece B. Alford, by power of attorney	of	f 04/04/2005						
**Signature of Reporting Person		Da	ate					
Evalence of De								

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) 1-for-1
- (2) The phantom stock units were accrued under the issuer's Directors Deferred Compensation Plan and are to be settled in cash or the issuer's Common Stock, at the reporting person's election, upon 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.