Edgar Filing: Strickland F Justin - Form 4

Strickland F Ju	ıstin									
Form 4 February 19, 2	010									
•								OMB A	PPROVAL	
FORM		TIES AND EXCHANGE COMMISSION ington, D.C. 20549					3235-0287			
Check this I if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instruct 1(b).	Filed pursu section 17(a)	uant to Section 1) of the Public U	CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES action 16(a) of the Securities Exchange Act of 1934, blic Utility Holding Company Act of 1935 or Sectio the Investment Company Act of 1940					January 3 ⁻ Expires: 200 Estimated average burden hours per response 0. n		
(Print or Type Res	sponses)									
Strickland F Justin Symbol SOUTI			suer Name and Ticker or Trading bl FHERN FIRST CSHARES INC [SFST]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date of 1 (Month/Da P.O. BOX 17465 02/19/20			-				Director X Officer (give below)		6 Owner er (specify	
			ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
GREENVILL	E, SC 29606							More than One Re		
(City)	(State) (Z	Zip) Tabl	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
	2. Transaction Date (Month/Day/Year)		3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) o l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	02/19/2019		S	5,000	D		57,813	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)

Reporting Owners

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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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Strickland F Justin P.O. BOX 17465 GREENVILLE, SC 29606			President				
Signatures							
F. Justin Strickland, /s/Julie A. POA	02/19/2019						
**Signature of Reporting Person	n		Date				
P.O. BOX 17465 GREENVILLE, SC 29606 Signatures F. Justin Strickland, /s/Julie A. POA		. ,	02/19/2019				

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.