

GRAVES JAMES H
Form 3
May 08, 2013

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â GRAVES JAMES H		(Month/Day/Year)	TriState Capital Holdings, Inc. [TSC]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		05/08/2013		
ONE OXFORD CENTRE,Â 301			(Check all applicable)	
GRANT STREET, SUITE 2700			<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(Street)			<input type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
PITTSBURGH,Â PAÂ 15219			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
COMMON STOCK	12,500	D	Â

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title			

Edgar Filing: GRAVES JAMES H - Form 3

		Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
STOCK OPTIONS (RIGHT TO BUY)	06/30/2013 ⁽¹⁾	12/31/2020	COMMON STOCK	6,000	\$ 8	D	Â
STOCK OPTIONS (RIGHT TO BUY)	06/30/2014 ⁽²⁾	12/31/2021	COMMON STOCK	6,000	\$ 9.32	D	Â
STOCK OPTIONS (RIGHT TO BUY)	06/30/2015 ⁽³⁾	12/31/2022	COMMON STOCK	6,000	\$ 10.25	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GRAVES JAMES H ONE OXFORD CENTRE 301 GRANT STREET, SUITE 2700 PITTSBURGH, PA 15219	Â X	Â	Â	Â

Signatures

/s/ Fenimore, Kay, Harrison & Ford, LLP by Brent Standefer, Jr.,
Attorney-in-fact

05/08/2013

__Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) 3,000 of these options will vest and become exercisable on or about 06/30/2013, and the remaining 3,000 options will vest and become exercisable on 12/31/2015.
- (2) 3,000 of these options will vest and become exercisable on or about 6/30/2014, and the remaining 3,000 options will vest and become exercisable on 12/31/2016.
- (3) 3,000 of these options will vest and become exercisable on or about 6/30/2015, and the remaining 3,000 options will vest and become exercisable on 12/31/2017.

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.