### Edgar Filing: YOUNG LARRY - Form 4

YOUNG LAR	RRY									
Form 4	00									
October 02, 20								OMB A	PPROVAL	
FORM	4 UNITED	STATES		ITIES AN hington, l			COMMISSION		3235-0287	
Check this if no longer	r							Expires:	January 31	
subject to Section 16. Form 4 or	SIAIEN	1ENT O		GES IN B SECURI		CIAL OV	WNERSHIP OF	Estimated burden hou response	irs per	
Form 5 obligations may contin <i>See</i> Instruc 1(b).	Section 17(	a) of the		lity Holdi	ng Com	pany Act	nge Act of 1934, of 1935 or Sectio 940	n		
(Print or Type Re	esponses)									
1. Name and Address of Reporting Person <u>*</u> YOUNG LARRY			2. Issuer Name <b>and</b> Ticker or Trading Symbol RENASANT CORP [RNST]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction (Che				(Cnec	ek an applicable)		
P. O. BOX 709			(Month/Day/Year) 09/30/2008				X_ Director10% Owner Officer (give titleOther (specify below) below)			
(Street) TUPELO, MS 38802			4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
(City)	(State)	(Zip)					Person			
-	× ,	-					cquired, Disposed of		-	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executi any	emed on Date, if /Day/Year)	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D) Pric	e (Instr. 3 and 4)			
Common Stock							7,264.0588	D		
Common Stock							597.46	D		
Common Stock							611.661	I	spouse IRA	
Common Stock							1,467.646	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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# 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)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Pric Deriva Securi (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	<u>(1)</u>	09/30/2008		Р	96.72	<u>(1)</u>	(1)	Common	96.72	\$ 19
Phantom Stock	<u>(1)</u>	10/02/2008		Р	28.66	(1)	(1)	Common	28.66	\$ 21

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
reporting o mor runte / runtess	Director	10% Owner	Officer	Other	
YOUNG LARRY P. O. BOX 709 TUPELO, MS 38802	Х				
Signatures					
<b>T T T T</b>	10010000				

J. Larry Young 10/02/2008

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The phantom stock units are accrued under the Renasant DSU Plan. The units are settled 100% in the Company's common stock upon the reporting person's retirement or upon approved hardship reasons. The conversion price is one phantom stock unit for one share of the Company's common stock. Dividends are paid quarterly and reinvested on the phantom stock.
- 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.

\*\*Signature of

Reporting Person