STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

2. Issuer Name and Ticker or Trading

SOUTHSIDE BANCSHARES INC

Form 4

September 04, 2015

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

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

response... 0.5

5. Relationship of Reporting Person(s) to

Issuer

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue.

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 See Instruction

Symbol

1(b).

Carter Tim

(Print or Type Responses)

1. Name and Address of Reporting Person *

06/10/2015

Stock

			SOUTHSIDE BANCSHARES INC [SBSI]				С	(Check all applicable)				
(Last) 1201 S BE	(Month/Day/Year) O2/12/2015				Director 10% Owner X Officer (give title Other (specify below) REGIONAL PRESIDENT, NORTH TX							
TYLER, T	(Street) X 75701			endment, D onth/Day/Yea	ate Original		A: _2	Individual or Join pplicable Line) K_Form filed by Or _Form filed by Mo erson	ne Reporting Per	rson		
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative Secu	ırities	Acquir	red, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Day (Month/Day/Year		Date, if	3. Transaction Code (Instr. 8)	4. Securities A poor Disposed of (Instr. 3, 4 and	(D)	d (A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	09/03/2015			J	20	A	<u>(1)</u>	42,793	D			
Common Stock	09/03/2015			J	18	A	<u>(2)</u>	42,811	D			
Common Stock	03/12/2015			J	60.45	A	<u>(3)</u>	8,073.1659	I	ESOP		
Common Stock	06/04/2015			J	68.56	A	<u>(3)</u>	8,141.7259	I	ESOP		
Common	06/10/2015			J	8.141.7259	D	(4)	0	I	ESOP		

J

8,141.7259 D

<u>(4)</u>

0

ESOP

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Common Stock	06/10/2015	J	8,141.72	A	<u>(4)</u>	14,485.72	I	IRA
Common Stock						3,462.5004	I	401K Plan
Common Stock						632	I	Trust

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.

SEC 1474

(9-02)

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. Transactio Code (Instr. 8)	5. ctionNumber of Securitie Acquire (A) or Dispose of (D) (Instr. 3 4, and 5	(Month/Day. ve es d d	Pate	7. Title Amou Under Securi (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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

Carter Tim

1201 S BECKHAM AVE REGIONAL PRESIDENT, NORTH TX TYLER, TX 75701

Signatures

TIMOTHY H. 09/04/2015

**Signature of Reporting Date
Person

Reporting Owners 2

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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) Reflects restricted stock units (RSUs) 2015 grant received pursuant to dividend equivalent rights attached ro RSUs held by the reporting person.
- (2) Reflects restricted stock units (RSUs) 2015 grant received pursuant to dividend equivalent rights attached to RSUs held by the reporting person.
- (3) Amount includes allocation of shares received in connection with reinvestment of quarterly cash dividend.
- (4) Mr. Carter rolled over the balance out of the ESOP plan.

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.