TEAM FINANCIAL INC /KS

Form 4 May 30, 2007

FORM 4

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

OMB Number: 3235-0287

burden hours per

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

0.5

OMB APPROVAL

Form 4 or Form 5 obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

TEAM FINANCIAL INC /KS

Symbol

[TFIN]

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

11,000

I

response...

1(b).

(Print or Type Responses)

GIBSON MICHAEL L

1. Name and Address of Reporting Person *

(Last) PO BOX 40	, ,	(Middle)	3. Date of (Month/D 05/29/20	•	ansaction			X Director X Officer (give below)		6 Owner er (specify
	(Street)			ndment, Da	Č	1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
PAOLA, KS	S 66071							Form filed by M Person	More than One Re	eporting
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed o	f, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	Execution any	med on Date, if Day/Year)	3. Transaction Code (Instr. 8)	4. Securion(A) or Di (Instr. 3,	ispose	d of (D) 5) Price	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, No Par Value	05/29/2007			A	100	A	\$ 14.35 (2)	115,010	I	ESOP
Common Stock, No Par Value	05/29/2007			A	1,454	A	\$ 14.55 (3)	116,464	I	ESOP
Common Stock, No Par Value								120,900	I	Living Trust Dated 04-25-01
									_	

Edgar Filing: TEAM FINANCIAL INC /KS - Form 4

Common	Michael L.
Stock, No	Gibson
Par Value	Self
	Directed
	IRA

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. Transaction Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price Derivat Securit (Instr. 5
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option	\$ 12.194					<u>(1)</u>	01/01/2015	Common Stock	3,400	
Option	\$ 14.3					<u>(1)</u>	01/01/2016	Common Stock	6,700	

Reporting Owners

Reporting Owner Name / Address	Relationships					
•	Director	10% Owner	Officer	Other		
GIBSON MICHAEL L						
PO BOX 402	X		President of Corp. Development			
PAOLA, KS 66071						
Signatures						

Signatures

/s/ Lois Rausch, by power of	05/29/2007		
attorney	0312912001		
**Signature of Reporting Person	Date		

Reporting Owners 2

Edgar Filing: TEAM FINANCIAL INC /KS - Form 4

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) Shares vest under these options in specified increments upon the reporting person and the company meeting specified financial and/or qualitative objectives and goals. To date, 10,100 shares have not vested under these options.
- (2) Annual 2006 TFI ESOP Forfeiture Allocation
- (3) Annual 2006 TFI ESOP Contribution Allocation

Remarks:

EXHIBIT 24.1 Power of Attorney

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.