SOUTH STATE Corp Form 3 May 17, 2016 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

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 A Person <u>*</u> SOUTH			2. Date of Event Requir Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol SOUTH STATE Corp [SSB]				
(Last)	(First)	(Middle)	05/13/2016		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)		
POBOX10)30					(
	(Street)			(Check	(Check all applicable) 6. Individual or Join		vidual or Joint/Group		
COLUMBIA	A, SC 2	29201		X_ Director Officer (give title below	Other	_X_ Form filed by One Reporting			
(City)	(State)	(Zip)	Table I	I - Non-Derivat	ive Securitie	es Beneficia	eneficially Owned		
1.Title of Secu (Instr. 4)	rity			int of Securities ally Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of In Ownership (Instr. 5)	ndirect Beneficial		
Reminder: Rep owned directly			ach class of securities ben	eficially S	EC 1473 (7-02)				
	inforn requi	nation conta red to respo	pond to the collectior ained in this form are ond unless the form d MB control number.	not					
ſ	Table II - De	rivative Secu	rities Beneficially Owne	ed (e.g., puts, calls,	warrants, opti	ons, convertil	le securities)		
1. Title of Deri (Instr. 4)	vative Securi	Expi	ration Date Sec /Day/Year) Der	Fitle and Amount of curities Underlying rivative Security str. 4)	4. Conversio or Exercis Price of	1	(Instr. 5)		

Date

Exercisable

Expiration

Title

Date

Derivative

Security

Amount or

Number of

Shares

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships					
		10% Owner	Officer	Other			
SOUTH STATE Corp P O BOX 1030 COLUMBIA, SC 29201		Â	Â	Â			
Signatures							
MARTIN B DAVIS	05/17/2016						
<u>**</u> Signature of Reporting Person	Date						

Explanation of Responses:

No securities are beneficially owned

* 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).

Â Remarks:

THIS FORM 3 IS FILED FOR NEW DIRECTOR MARTIN DAVIS. WEÂ AREÂ AWAITINGÂ HISÂ CI

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.