Edgar Filing: WEEKS T CLIFTON - Form 4

| WEEKS T Cl Form 4 | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------|------------|-------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------|--|
| October 25, 2 FORM | 1 | STATES | | | | | NGE C | OMMISSION | OMB AF OMB Number: | PROVAL 3235-0287 | |
| Check this if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | er STATEN 5. Filed put ¹⁵ Section 170 | STATEMENT OF CHANGES IN 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 20(b) of the Investment Company Act of 1940 | | | | | | | Expires: Estimated a burden hour response | Expires: January 31, 2005 Estimated average burden hours per | |
| (Print or Type R | esponses) | | | | | | | | | | |
| WEEKS T CLIFTON Symbol SECUR | | | r Name and Ticker or Trading RITY FEDERAL DRATION [SFDL] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) P O BOX 81 | | Middle) | 3. Date of (Month/D 10/22/20 | - | ansaction | | | X Director Officer (give below) | title Othe below) | o Owner er (specify | |
| | | | ndment, Date Original hth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | | |
| AIKEN, SC | 29802 | | | | | | | Form filed by M Person | lore than One Re | porting | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | | n Date, if | 3. Transactic Code (Instr. 8) Code V | (Instr. 3, | spose | 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) | | |
| Common Stock | 10/22/2004 | | | М | 600 | A | \$ 16.67 | 302,430 | D <u>(1)</u> | | |

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

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| 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 on of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8 I S (|
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------|---------------------------------------------------------------------|----------------------------------------|------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option | \$ 16.67 | 10/22/2004 | | М | 600 | 10/01/2004 <u>(2)</u> | 09/30/2005 | Common STock | 600 | |

Reporting Owners

| Reporting Owner Name / Addre | SS | Relationships | | | | | | |
|---------------------------------------------------|------------|---------------|---------|-------|--|--|--|--|
| 1 8 | | 10% Owner | Officer | Other | | | | |
| WEEKS T CLIFTON P O BOX 810 AIKEN, SC 29802 | Х | Х | | | | | | |
| Signatures | | | | | | | | |
| /s/ Ruth Vance | 10/25/2004 | | | | | | | |

<u>**</u>Signature of Reporting Person

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).
- (1) Includes 6552 shares held directly and 295,878 shares held indirectly by T. Clifton Weeks Family Limited Partnership.
- (2) These options were granted under the Issuer's 1999 Stock Option Plan. All options are exercisable at a rate of 20% per year beginning October 1, 2004.

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.