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CONSOLIDAT Form 4 May 01, 2014	TED TOMOKA I	LAND CO									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROV. Washington, D.C. 20549 OMB Number: 3235							3235-0287 January 31, 2005 Iverage				
(Print or Type Res	ponses)										
Olivari William L. Symbol CONSOL			er Name and T OLIDATED CO [CTO]		-		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 3. Date of E (Month/Day 8 CREEKVIEW WAY 05/01/202			-	isaction			X Director Officer (give below)	or 10% Owner r (give title Other (specify below)			
(Street) 4. If Amendr Filed(Month/ ORMOND BEACH, FL 32174				Original			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City)	(State) (Z	^{ip)} Tat	ole I - Non-Dei	rivative Se	curiti	es Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code ar) (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	d (A) o d of (D 4 and (A) or))	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	05/01/2014		Р	300	А	\$ 39	2,600	D			

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Amou Unde Secur	le and unt of rlying ities (1, 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owna Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Olivari William L. 8 CREEKVIEW WAY ORMOND BEACH, FL 32174	X							
Signatures								
WILLIAM L. OLIVARI	05/01/2014							
<u>**</u> Signature of Reporting Person	Date							

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).

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.