Edgar Filing: KELLEHER CAROL - Form 4

| KELLEHER | R CAROL | | | | | | | | | | |
|---|---|--|--|--|--------------|------------------------------|-----------------------|--|---|--|--|
| Form 4 | 0.0005 | | | | | | | | | | |
| November 0 | ГЛ | | | | | | | | OMB AF | PROVAL | |
| | UNITED | STATES | | RITIES A shington, | | | NGE CO | OMMISSION | OMB Number: | 3235-0287 | |
| Check th if no long subject to Section 1 Form 4 c Form 5 | ger o STATEN 16. or | OX STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | | | | | | Expires: January 31 2005 Estimated average burden hours per response 0.5 | |
| obligatio may con <i>See</i> Instr 1(b). | tinue. Section 17(| a) of the l | Public U | | ling Cor | npan | y Act of | 1935 or Sectior | 1 | | |
| (Print or Type] | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> KELLEHER CAROL | | | 2. Issuer Name and Ticker or Trading Symbol PACIFIC CAPITAL BANCORP | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | /CA/ [P | CBC] | | | | (Check | c all applicable |) | |
| (Last) (First) (Middle) 1021 ANACAPA STREET | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/07/2005 | | | | · | Director 10% Owner X Officer (give title Other (specify below) below) VP & Corporate Secretary | | | |
| | (Street) | | | endment, Da nth/Day/Year | - | ıl | | 6. Individual or Jo Applicable Line) _X_ Form filed by O | ne Reporting Per | rson | |
| SANTA BA | ARBARA, CA 93 | 101 | | | | | | Form filed by M Person | ore than One Rej | porting | |
| (City) | (State) | (Zip) | Tab | le I - Non-D | Derivative | Secu | rities Acqu | ired, Disposed of | , or Beneficiall | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | n Date, if | 3. Transactio Code (Instr. 8) | (Instr. 3, | ispose 4 and (A) or | d of (D) 5) | 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 | 11/07/2005 | | | Code V M | Amount 1,200 | (D) A | Price \$ 28.185 | 2,629 | D | | |
| Common stock | 11/07/2005 | | | S | 1,200 | D | \$ 37.06 | 1,429 | D | | |
| Common stock | | | | | | | | 968 | Ι | By 401(k) | |
| Common stock | | | | | | | | 303 | Ι | By ESOP | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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) | 5. Number on f 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 (right to buy) | \$ 28.185 | 11/07/2005 | М | 1,200 | 04/26/2004 | 04/28/2014 | Common stock | 1,200 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|--------------------------|-------|--|--|
| Reporting Owner Plane / Planess | Director | 10% Owner | Officer | Other | | |
| KELLEHER CAROL 1021 ANACAPA STREET SANTA BARBARA, CA 93101 | | | VP & Corporate Secretary | | | |
| Signatures | | | | | | |
| | | | | | | |

/s/ Kelleher Zepke, Carol M

11/08/2005

**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.

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