

SEACOAST BANKING CORP OF FLORIDA

Reported by
FOGAL CHRISTOPHER E

FORM 5 (Annual Statement of Changes in Beneficial Ownership)

Filed 02/11/26 for the Period Ending 12/31/25

Address	815 COLORADO AVE P O BOX 9012 STUART, FL, 34994
Telephone	772 288 6063
CIK	0000730708
Symbol	SBCF
SIC Code	6022 - State Commercial Banks
Industry	Banks
Sector	Financials
Fiscal Year	12/31

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Form 3 Holdings Reported

Form 4 Transactions Reported

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

OMB APPROVAL
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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or
Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person [*] FOGAL CHRISTOPHER E			2. Issuer Name and Ticker or Trading Symbol SEACOAST BANKING CORP OF FLORIDA [SBCF]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (MM/DD/YYYY) 12/31/2025			<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner	
SEACOAST BANKING CORP. OF FLORIDA, P. O. BOX 9012						<input type="checkbox"/> Officer (give title below)	<input type="checkbox"/> Other (specify below)	
(Street) STUART, FL 34995			4. If Amendment, Date Original Filed(MM/DD/YYYY)			6. Individual or Joint/Group Filing(Check Applicable Line)		
(City)	(State)	(Zip)				<input checked="" type="checkbox"/> Form Filed by One Reporting Person	<input type="checkbox"/> Form Filed by More than One Reporting Person	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 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)	
				Amount	(A) or (D)	Price				
Common Stock								14,780	D	
Common Stock								32,747.68	D (1)	
Common Stock								6,875	D (2)	
Common Stock								4,688	I	Held by spouse in trust

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. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (MM/DD/YYYY)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned at End of Issuer's Fiscal Year (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Common Stock Right to Buy (1)	\$22.65						2/6/2017	2/6/2027	Common Stock	2,142			2,142	D
Common Stock Right to Buy (2)	\$27.53						5/4/2018	5/4/2028	Common Stock	1,431			1,431	D
Common Stock Right to Buy (3)	\$28.42						2/4/2019	2/4/2029	Common Stock	1,146			1,146	D

Explanation of Responses:

- (1) Held in Seacoast's Non-employee Directors Deferred Compensation Plan
- (2) Held jointly with spouse
- (3) Granted pursuant to Seacoast Banking Corporation of Florida's 2013 Incentive Plan

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
FOGAL CHRISTOPHER E SEACOAST BANKING CORP. OF FLORIDA P. O. BOX 9012 STUART, FL 34995	X			

Signatures

/s/ Kathy L. Hsu as Power of Attorney for Christopher E. Fogal

2/11/2026

**Signature of Reporting Person

Date

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

* 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.

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.