#### **KEISER GARY**

Form 4

September 05, 2012

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** 

**OMB** Number:

3235-0287 January 31,

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response...

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, may continue.

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person \*

**KEISER GARY** 

2. Issuer Name and Ticker or Trading

Symbol

CAPSTEAD MORTGAGE CORP [CMO]

(Check all applicable)

(Last)

(First)

(Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year) 08/31/2012

\_X\_\_ Director 10% Owner Officer (give title Other (specify

5. Relationship of Reporting Person(s) to

8401 N. CENTRAL EXPRESSWAY, SUITE 800

(Street)

(State)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

tive Committee Assuir

Issuer

DALLAS, TX 75225

(City)

(enj)	(State)	Tabl	e I - Non-D	erivative	Secur	ities Acqu	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ransaction Date 2A. Deemed nth/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			Beneficially Form Owned (D) o	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(11101111)
Common Stock	08/31/2012		F(1)	8,563	D	\$ 14.34	25,323	D	
Common Stock	08/31/2012		M(2)	5,000	A	\$ 11.69	30,323	D	
Common Stock	08/31/2012		M(2)	5,000	A	\$ 12.87	35,323	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

**SEC 1474** (9-02)

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## 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	Secu Acqu (A) o Disp (D)	orities uired or osed of r. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Number of Sha
Nonqualified Director Stock Option (right to buy)	\$ 11.69	08/31/2012		M		5,000	04/15/2010	04/30/2019	Common Stock	5,00
Nonqualified Director Stock Option (right to buy)	\$ 12.87	08/31/2012		M		5,000	04/30/2009	05/05/2018	Common Stock	5,00
Nonqualified Director Stock Option (right to buy)	\$ 14.41						04/21/2004	04/21/2014	Common Stock	10,00

# **Reporting Owners**

\*\*Signature of Reporting Person

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
KEISER GARY 8401 N. CENTRAL EXPRESSWAY SUITE 800 DALLAS, TX 75225	X						
Signatures							
By: Kelly L. Sargent For: Gary Keiser	09/05/2012						

Reporting Owners 2

Date

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## **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).
- (1) Shares were withheld to satisfy the tax withholding obligation and exercise price associated with the exercise of the options.
- (2) Director stock option granted pursuant to the Capstead Mortgage Corporation 1994 Flexible Long Term Incentive Plan.

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.