FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPF | ROVAL |
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| OMB Number: | 3235-0287 |
| Estimated average bu | ırden |
| hours per response: | 0.5 |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>KESLER DELORES P</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol ST JOE CO [JOE] | | | | | | | | | | | licable) | g Person(s) to Issuer 10% Owner | | |
|--|---|---------|-------|--|---|--|--|---|--|--|---------------|---|-------|--|---|---|---|---|--------------------|--|
| (Last) (First) (Middle) 245 RIVERSIDE AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2009 | | | | | | | | | | Officer (give title below) | | | Other (s below) | |
| SUITE 500 (Street) JACKSONVILLE FL 32202 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (St | ate) (. | (Zip) | | | | | | | | | | | | | Pers | | | | Ü |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Da | | | | | | Execution | | | 3. Transa Code (8) | | Disposed | ties Acquired (A d Of (D) (Instr. 3, | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | Trans | | ction(s) 3 and 4) | | | (Instr. 4) | | |
| Common Stock 05/11 | | | | | | | | | A | | 3,947 | 7 | A \$0 | | 0.00 16,678 | | 6,678 | D | | |
| | 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) | Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 5. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owne Form: Direct or Ind (I) (Ins | (D) irect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

Remarks:

/s/ Reece B. Alford, by power of attorney

05/13/2009

** 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 Number.