FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average I | hurden | | | | | | | |

0.5

hours per response:

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

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* RUMMELL PETER S | | | 2. Is <u>ST</u> | 2. Issuer Name and Ticker or Trading Symbol ST JOE CO [JOE] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|---|-----------|--|--------------------|--|--|---|--|---|-------------------------|-------------------------|--------------------------------------|---|--------------------------|---|-------------------------------------|--|----------------|--|--|
| ICOMIN | | <u>IEICS</u> | | | | | | | | | | | | 2 | X Direc | | | | Owner |
| (Last) | (Fir | rst) (I | Middle) | | | ate of | | st Trans | action (| Month | h/Day/Year) | | | 2 | X Offic belov | , | | below | (specify) |
| 245 RIVI | ERSIDE AV | /ENUE | | | 10/ | 11/20 | J07 | | | | | | | | | Chairm | nan an | d CEO | |
| (Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| JACKSO | NVILLE F | L : | 32202 | | | | | | | | | | |] | | • | | porting Per | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | Pers | | viore tha | an One Re | oorting |
| | | Tabl | e I - N | on-Deriv | ative | Sec | curitie | s Ac | quired | d, Di | sposed o | f, or E | enefi | ciall | y Owne | ed | | | |
| | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | nnd Securiti Benefici Owned | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Direct Indirect Itr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Price | • | Reported Transact (Instr. 3 | tion(s) | | | Instr. 4) | |
| Common | Stock | | | 10/11/2 | 2007 | | | | G ⁽¹⁾ | V | 128,772 | D | \$0 | .00 | 101 | ,317 | | D | |
| Common | Stock | | | 10/11/2 | 2007 | | | | G ⁽¹⁾ | V | 128,772 | A | \$0 | .00 | 208 | ,772 | | I 1 | By LLC |
| Common | Stock | | | | | | | | | | | | | | 611 | ,923 | | | By Limited Partnership |
| Common | Stock | | | | | | | | | | | | | | 100 | ,000 | | I 1 | By 2006 Limited Partnership |
| Common | Stock | | | | | | | | | | | | | | 2 | 20 | | I | As UTMA custodian for son |
| | | Та | ble II · | | | | | | | | osed of, convertib | | | | Owned | | | | |
| Derivative Conversion Date Security or Exercise (Month/Day/Year) in | | | | | | iction Instr. | of Deriv Secu Acqu (A) or Dispo of (D) (Instr | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exerction Da //Day/\ | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | S (I | Price of erivative ecurity nstr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amoun or Numbe of Shares | | | | | | | | |

Explanation of Responses:

1. The reporting person transferred these shares to an LLC owned by the reporting person's revocable living trust and his spouse's revocable living trust.

Remarks:

/s/ Reece B. Alford, by power

10/12/2007

of attorney

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).