FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSH |
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OMB APPROVAL OMB Number: Estimated average burden 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). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or | Section | on 30(h) | of the I | nvestmer | nt Con | npany Act | of 194 | 40 | | | | | | | | |
|--|--|--|---|-------|---------------------------------|--|---|----------|--|--------|--------------------|---|-----------------|----------------------|---|-------|---|----------------------|---|--|--|
| 1. Name and Address of Reporting Person* HERBERT ADAM W JR | | | | | | 2. Issuer Name and Ticker or Trading Symbol ST JOE CO [JOE] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| IILICOI | <u> </u> | LIVI VV DIC | | | | | | | | | | | | | X | Direc | | | 10% C | | |
| (Last) (First) (Middle) 245 RIVERSIDE AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2007 | | | | | | | | | Officer (give below) | | | | Other below) | (specify | |
| SUITE 500 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Stroot) | | | | | | , , , , , , , | | | | | | | | | Line) | | | | | | |
| (Street) JACKSONVILLE FL 32202 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| | | | | | | | | | | | | | | | Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | Disposed | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Securi | | cially I Following | Form (D) or | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transa | | action(s) 3 and 4) | | | (1130.4) | |
| Common Stock 05/15/ | | | | | | 7 | | | | | 1,500 |) | A | \$ <mark>0</mark> . | .00 7,370 | | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemo Execution if any (Month/Da | Date, | Date, Transaction Code (Inst | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. s and 4) | | str. 3 | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | O F-C D (I) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | or Nur of | ount nber ires | | | | | | | |

Explanation of Responses:

Remarks:

/s/ Adam W. Herbert, Jr.

05/15/2007

** 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.