FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB API	PROVAL						
OMB Number:	3235-028						

OMB Number: 3235-0287 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	Sect	tion 30	O(h) of	f the In	vestmen	t Con	npany Act	of 1940)							
Name and Address of Reporting Person* CONNOLLY JANNA L					2. Issuer Name and Ticker or Trading Symbol ST JOE CO [JOE]										Check all	ship of Reportir applicable) rector	• •	•	suer		
(Last) 245 RIVI	(Fi ERSIDE AV	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/03/2009											ficer (give title elow) Chief Accord	Other (s below) unting Officer			
SUITE 5	00				4. 11	f Am	nendme	ent, D	Date of	Original	Filed	(Month/Da	ıy/Yeaı	r)		6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) JACKSONVILLE FL 32202					_											X F	orm filed by One orm filed by Mo erson				
(City)											513011										
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of S	Security (Inst	r. 3)		2. Trans Date (Month		ar)	Execu if any	,		3. Transa Code (1 8)		Disposed	ities Acquired (A) d Of (D) (Instr. 3, 4			nd Sec Ber Ow	mount of urities eficially ned Following	6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ect rect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount		A) or O)	Price	Tra	orted nsaction(s) tr. 3 and 4)			(
Common Stock 03/03/					3/2009	2009				F		70		D	\$16	5.4	24,910	D			
Common Stock																	3,546.292	I		By 401(k) Plan	
		Ta	able II - I									sed of, onvertib				y Owne	ed				
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Executive or Exercise (Month/Day/Year) if any					ransaction ode (Instr.		n of		6. Date Ex Expiration (Month/Da	n Date	Amour Securi Underl Deriva		urities erlying vative urity (Instr. 3		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A	A) (A		Date Exercisal		Expiration Date	Amoun or Numbe of Title Shares		nber							

Explanation of Responses:

Remarks:

/s/ Janna L. Connolly

** Signature of Reporting Person

03/04/2009

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).