## Edgar Filing: SAUR ROBERT E - Form 5

| SAUR ROE<br>Form 5   | BERT E                                  |   |   |                |            |   |   |   |                      |                       |  |  |
|--|---|---|---|----------------|------------|---|---|---|----------------------|-----------------------|--|--|
| January 15,  |   |   |   |                |            |   |   |   | 0140                 |                       |  |  |
| FORM   | -                                       |   |   |                |            |   |   |   | OMP                  | APPROVAL              |  |  |
|  |   | STATES  | S SECURITIES AND EXCHANGE C   |                |            |   | GE C  | OMMISSIO  | N Number:            | 3235-0362             |  |  |
| 5 obligations<br>may continue.<br>See Instruction  |   | Washington, D.C. 20549<br>WAL STATEMENT OF CHANGES IN BENE<br>OWNERSHIP OF SECURITIES |   |                |            |   |   |   | Expires:             | January 31,<br>2005   |  |  |
|  |   |   |   |                |            |   |   |   | burden h<br>response | d average<br>ours per |  |  |
| 1(b).Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,Form 3 HoldingsSection 17(a) of the Public Utility Holding Company Act of 1935 or SectionReported30(h) of the Investment Company Act of 1940TransactionsReported |   |   |   |                |            |   |   |   |                      |                       |  |  |
| 1. Name and Address of Reporting Person <u>*</u><br>SAUR ROBERT E  |   |   | 2. Issuer Name and Ticker or Trading<br>Symbol<br>ENTERPRISE FINANCIAL              |                |            |   |   | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)             |                      |                       |  |  |
| (Lost)   | (First)                                 | SERVICES CORP [EFSC]  |   |                |            |   | had   |   |                      |                       |  |  |
| (Last) (First) (Middle)  |   |   | 3. Statement for Issuer's Fiscal Year Ended<br>(Month/Day/Year)<br>12/31/2008       |                |            |   | ied   | X_ Director 10% Owner<br>Officer (give title Other (specify<br>below) below)              |                      |                       |  |  |
| 150 N. ME  | RAMEC                                   |   |   |                |            |   |   |   |                      |                       |  |  |
| (Street)   |   |   | Filed(Month/Day/Year)   |                |            |   |   | Joint/Group Reporting<br>eck applicable line)   |                      |                       |  |  |
| ST. LOUIS  | S, MO 63105                             |   |   |                |            |   |   | _X_ Form Filed by One Reporting Person<br>Form Filed by More than One Reporting<br>Person |                      |                       |  |  |
| (City)   | (State)                                 | (Zip)   | Tabl  | le I - Non-Der | ivative Se | curiti  | es Acqu   | iired, Disposed   | of, or Benefic       | ially Owned           |  |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemo<br>Execution<br>any<br>(Month/Da  | ed 3. 4. Securities<br>Date, if Transaction Acquired (A) or<br>Code Disposed of (D) |                | )          | 5. Amount of<br>Securities<br>Beneficially<br>Owned at end<br>of Issuer's<br>Fiscal Year<br>(Instr. 3 and | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)                         |                      |                       |  |  |
| G  |   |   |   |                | Amount     | (D)   | Price   | 4)  |                      |                       |  |  |
| Common<br>Stock  | Â                                       | Â   |   | Â              | Â          | Â   | Â   | 2,232   | D                    | Â                     |  |  |
| Common<br>Stock  | Â                                       | Â   |   | Â              | Â          | Â   | Â   | 15,435  | Ι                    | Family<br>Partnership |  |  |
| Common<br>Stock  | Â                                       | Â   |   | Â              | Â          | Â   | Â   | 116,940   | Ι                    | By Trust              |  |  |

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

SEC 2270 (9-02)

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#### the form 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code<br>(Instr. 8) | 5.<br>Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9.<br>of<br>D<br>So<br>B<br>O<br>E<br>I<br>S<br>F<br>I<br>S<br>(I |
|---|---|---|---|---|---|---------------------|--------------------|-------|--|---|---|
|   |   |   |   |   | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |   |

# **Reporting Owners**

| Reporting Owner Name / Add                             | ress       | Relationships |         |       |  |  |  |  |
|--|------------|---------------|---------|-------|--|--|--|--|
| I B  | Director   | 10% Owner     | Officer | Other |  |  |  |  |
| SAUR ROBERT E<br>150 N. MERAMEC<br>ST. LOUIS, MO 63105 | ÂX         | Â             | Â       | Â     |  |  |  |  |
| Signatures   |            |               |         |       |  |  |  |  |
| Robert E. Saur   | 01/14/2009 |               |         |       |  |  |  |  |
| **Signature of<br>Reporting Person                     | Date       |               |         |       |  |  |  |  |

## **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).

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.