

COMMUNITY CENTRAL BANK CORP  
 Form 3/A  
 April 19, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â Locricchio Sam A</p> <p>(Last) (First) (Middle)</p> <p>C/O COMMUNITY CENTRAL BANK CORP., Â P.O. BOX 7</p> <p>(Street)</p> <p>MOUNT CLEMENS, Â MIÂ 48046-0007</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>04/18/2006</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>COMMUNITY CENTRAL BANK CORP [ccbd]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner  <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other                  (give title below) (specify below)                  SVP &amp; Sr. Loan Officer of Bank</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> <p>04/19/2006</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person  <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	1,712.0467	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Incentive Plan (right to buy)	Â (1)	07/07/2013	Common Stock	5,513	\$ 9.13	D	Â
Incentive Plan (right to buy)	Â (2)	11/15/2014	Common Stock	5,250	\$ 12.3	D	Â
Incentive Plan (right to buy)	12/02/2005	12/01/2015	Common Stock	500	\$ 13.21	D	Â
Incentive Plan (right to buy)	12/02/2005	12/01/2015	Common Stock	3,500	\$ 13.21	D	Â

## Reporting Owners

### Reporting Owner Name / Address

### Relationships

Director 10% Owner Officer Other

Locricchio Sam A  
 C/O COMMUNITY CENTRAL BANK CORP.  
 P.O. BOX 7  
 MOUNT CLEMENS, MI 48046-0007

Â      Â      Â      SVP & Sr. Loan Officer of Bank

## Signatures

S/ Sam A.  
 Locricchio

04/19/2006

\*\*Signature of  
 Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).
- (1) The option is exercisable on its grant date for 33% of the shares covered by the option and for an additional 33% of the shares on each anniversary of the grant date thereafter.
- (2) The option is exercisable on its grant date for 50% of the shares covered by the option and for the remaining 50% of the shares on the first anniversary of the grant date thereafter.

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