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ZIONS BANCORPORATION /UT/ Form 4 September 22, 2015 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading ARNOLD DOYLE L Issuer Symbol ZIONS BANCORPORATION /UT/ (Check all applicable) [ZION] 3. Date of Earliest Transaction (Last) (First) (Middle) Director 10% Owner _X__Officer (give title __X__ Other (specify (Month/Day/Year) below) below) ONE SOUTH MAIN STREET. 09/21/2015 Former Vice Chairman and / Chief Financial 15TH FLOOR Officer (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting SALT LAKE CITY, UT 84133-1109 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) 0 1 р. and of (D) D C 11 (D) or Indirect Beneficial

5)	any	Code	Disposed	01 (D)	Beneficially	(D) or ma
	(Month/Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned	(I)
						Following	(Instr. 4)
				(•)		Reported	
				(A)		Transaction(s)	
				or		(Instr. 3 and 4)	
		Code V	Amount	(D)	Price	(mstr. 5 and 1)	

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 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 Derivative	2.	3. Transaction Date	3A. Deemed	4. 5. Number	6. Date Exercisable and	7. Title and A
Security	Conversion	(Month/Day/Year)	Execution Date, if	Transaction of Derivative	Expiration Date	Underlying S

Ownership (Instr. 4)

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(Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	Securi (A) or Dispos (D) (Instr. and 5)	red sed of 3, 4,	(Month/Day/Year)		(Instr. 3 and 4
				Code Y	V (A)	(D)	Date Exercisable	Expiration Date	Title
Series A Floating-Rate Non-Cumulative Perpetual Preferred	<u>(1)</u>	09/21/2015		Ι	2	4.715	09/21/2015 <u>(2)</u>	09/21/2015	Series Floating- Non-Cumu Perpetu Preferr

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director 10% Owner	Officer	Other				
ARNOLD DOYLE L ONE SOUTH MAIN STREET, 15TH FLOOR SALT LAKE CITY, UT 84133-1109		Former Vice Chairman and	Chief Financial Officer				
Signatures							
By Thomas E. Laursen as attorney in fact	09/22/2015						
<u>**</u> Signature of 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).
- (1) Each unit is the economic equivalent of one share of Zions Bancorporation Series A Preferred.

Each share of phantom stock entitles the reporting person to receive, on the date reported, one share of Zions Bancorporation Series A(2) Preferred Stock or the cash value thereof. Prior to payment, the reporting person has the right to transfer the value of his phantom stock account into an alternative investment.

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.