

REGIONS FINANCIAL CORP
 Form 3
 November 30, 2006

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

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

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)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â MAYER W CHARLES III		(Month/Day/Year)	REGIONS FINANCIAL CORP [RF]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		11/20/2006		
P.O. BOX 10247			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
BIRMINGHAM,Â ALÂ 35202			(give title below)	(specify below)
(City)	(State)	(Zip)	Sr. Executive Vice President	
				6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

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	88,694	D	Â
Common Stock	1,547	I	By 401(k)
Common Stock	1,130	I	By Spouse
Common Stock	6,999	I	By Spouse, as custodian for daughter
Common Stock	6,999	I	By Spouse, as custodian for daughter

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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.

Edgar Filing: REGIONS FINANCIAL CORP - Form 3

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)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Employee Stock Option (Right to Buy)	11/20/2006	02/05/2014	Common Stock	90,824	\$ 30.5493	D	Â
Employee Stock Option (Right to Buy)	11/20/2006	02/07/2015	Common Stock	115,065	\$ 32.0166	D	Â
Employee Stock Option (Right to Buy)	11/20/2006	04/02/2016	Common Stock	83,966	\$ 34.462	D	Â
Employee Stock Option (Right to Buy)	11/20/2006	10/04/2009	Common Stock	79,740	\$ 30.96	D	Â
Employee Stock Option (Right to Buy)	11/20/2006	01/29/2012	Common Stock	104,060	\$ 25.4076	D	Â
Employee Stock Option (Right to Buy)	11/20/2006	02/09/2013	Common Stock	97,124	\$ 25.696	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MAYER W CHARLES III P.O. BOX 10247 BIRMINGHAM, AL 35202	Â	Â	Â Sr. Executive Vice President	Â

Signatures

D. Bryan Jordan, as
attorney-in-fact

11/30/2006

__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).

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.