### Edgar Filing: WESTERN ALLIANCE BANCORPORATION - Form 4

#### WESTERN ALLIANCE BANCORPORATION

Form 4

November 23, 2016

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB APPROVAL			
							OMB Number:	3235-0287		
Check this if no longer subject to Section 16. Form 4 or Form 5	STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSH SECURITIES						Expires: Estimated a burden hou response	•	
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue.  See Instruction 1(b).  Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, occurrence 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 Re	sponses)									
1. Name and Add WALL MERI	dress of Reporting F RILL	Symbol	er Name <b>an</b> ERN ALI		Tradii	ng	5. Relationship of Issuer			
			ORPORA		VAL]		(Check all applicable)			
(Last)  C/O WESTEI BANCORPO	(Month/l 11/22/2 E.	3. Date of Earliest Transaction (Month/Day/Year) 11/22/2016				Director 10% Owner Some of the control of the co				
1400	ON STREET, S	I C								
	(Street) 4. If Amendment, Date Origin Filed(Month/Day/Year)				Applicable Line)			Joint/Group Filing(Check		
PHOENIX, A	Z 85004						Form filed by M Person	fore than One Re	porting	
(City)	(State)	(Zip) Tab	le I - Non-l	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
	2. Transaction Date Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transacti Code (Instr. 8)	4. Securit on(A) or Di (Instr. 3,	sposed	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/22/2016		S	20,141		\$ 44.85 (1)	128,249	D		
Common Stock							6,223 (2)	I	401K Plan	

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

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## 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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumbe		Expiration Date		Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	Title	Or		
						Exercisable	Date		of		
				C-J- V	(A) (D)						
				Code V	(A) (D)				Shares		

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

WALL MERRILL C/O WESTERN ALLIANCE BANCORPORATION ONE E. WASHINGTON STREET, STE 1400 PHOENIX, AZ 85004

EVP, Chief Admin Officer

## **Signatures**

/s/ Dale Gibbons (Attorney-in-fact)

11/23/2016

\*\*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).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$44.81 to \$44.90, inclusive. The reporting person undertakes to provide to Western Alliance Bancorporation, any security holder of Western

- Alliance Bancorporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within this range.
- (2) Reflects shares held in the 401K Plan to include employer match as of 11/10/16.

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.

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