## Edgar Filing: Vecchione Kenneth - Form 4

Vecchione K	enneth											
Form 4	0011											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
	UNITE	D STATES				ND EXC D.C. 205		NGE (	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				SECU	RI	TIES				Expires: Estimated a burden hou response	irs per	
Form 5 obligation may conti <i>See</i> Instru 1(b).	nue. Section 1	7(a) of the		ility Ho	oldi	ng Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	n		
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> Vecchione Kenneth			2. Issuer Name <b>and</b> Ticker or Trading Symbol WESTERN ALLIANCE BANCORPORATION [WAL]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O WESTERN ALLIANCE BANCORPORATION, ONE E WASHINGTON STREET			3. Date of Earliest Transaction (Month/Day/Year) 09/02/2011						X Director 10% Owner X Officer (give title Other (specify below) Delow) President & COO			
DUOENIY	4. If Amendment, Date Original Filed(Month/Day/Year)						<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
PHOENIX,	AZ 83004								Person			
(City)	(State)	(Zip)	Table	e I - Non	-De	rivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution I any (Month/Day/Year)			n Date, if TransactionAcquired (A) or Code Disposed of (D)					)	5. Amount of Securities Beneficially Owned Following	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
C				Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	09/02/2011			А	V	2,279 (1)	А	\$0	208,565	D		
Common Stock									452	Ι	By 401(k) Plan	

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.

## Edgar Filing: Vecchione Kenneth - Form 4

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>			Relationships						
r g		Director	10% Owner	Officer	Other				
Vecchione Kenneth C/O WESTERN ALLIANCE BANCORPORATION ONE E WASHINGTON STREET PHOENIX, AZ 85004				President & COO					
Signatures									
/s/ Dale Gibbons (Attorney-in-fact)	09/06/2011								
<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).

These shares are issuable in respect of common stock that represent a portion of the reporting person's salary, net of withholdings and deductions, that fully vest on the date of the grant. Once vested the common stock will become transferrable to the reporting person on a

 deductions, that fully vest on the date of the grant. Once vested the common stock with become transferable to the reporting person on a pro rata basis as the Company repays TARP Funds, in increments of no less than 25%. TARP Funds include any funds received pursuant to the United States Government's Troubled Asset Relief Program.

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.