

PEEPLES WILLIAM R
Form 5
February 14, 2002

Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

OMB APPROVAL

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**ANNUAL STATEMENT OF CHANGES
BENEFICIAL OWNERSHIP**

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(f) of the Investment Company Act of 1940

[] Check box if no longer
subject to Section 16. Form
4 or Form 5 obligations may
continue. See instructions
1(b).

[] Form 3 Holdings Reported

[] Form 4 Transactions
Reported

| | | | | | | | | |
|--|---------|----------|--|---|--|---|--|--|
| 1. Name and Address of Reporting Person* Peeples, William R. | | | 2. Issuer Name and Ticker or Trading Symbol COMMUNITY WEST BANCSHARES (CWBC) | | | 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director _____ 10% Owner ____ Officer (give _____ Other (specify title below) _____ below) | | |
| (Last) | (First) | (Middle) | 3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary) | 4. Statement for Month/Year 12/2001 | | 7. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person ____ Form filed by More than One Reporting Person | | |
| 445 Pine Avenue | | | | 5. If Amendment, Date of Original (Month/Year) | | | | |
| (Street) | | | Goleta, CA 93117 | | | | | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Owner- ship Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|------------------------------------|--|--------------------------------------|---|---|------------------|-------|--|---|---|
| | | Code | V | Amount | (A) or (D) | Price | | | |
| Common Stock | 01/30/2001 | P | | 2,200 | A | 5.375 | 607,928 | D | |
| Common Stock | 06/26/2001 | G | | 39,000 | D | 6.20 | 568,928 | D | |

* If the form is filed by more than one reporting person, see instruction 4(b)(v). 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 control number. (Over) SEC 2270 (3-99)

FORM 5 (continued) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned at End of Year | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--------------------------------------|--------------------------------|--|--|---|--|--|---|--|
| | | | | | | | | | |

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| | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
|----|------|------------|------|---|--------|-----|------------------|-----------------|--------------|----------------------------|------|------------|------------|--|
| on | 4.00 | 04/05/2001 | A | | 20,000 | | 04/05/2001 | 04/05/2011 | Common Stock | 20,000 | 4.00 | 20,000 | D | |

Explanation of Responses:

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ Aisha Williams-Bangs for William R. Peoples

02/14/2002

Date

**Signature of Reporting Person

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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