Edgar Filing: Sarver Robert Gary - Form 4

Sarver Robe Form 4	ert Gary											
July 26, 201	17											
FORM		STATES (SECU	DITIES	AND EV	СПА	NCE	COMMISSION	т	APPROVAL		
	UNITED	SIAILSS		shington			INGE (20141141155101	OMB Number:	3235-0287		
Check t if no lor subject Section Form 4	MENT OF	CHAN		BENEF RITIES	ICIA	AL OW	NERSHIP OF	Estimate	ed average hours per			
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17((a) of the Pu	ublic U		lding Cor	npan	y Act of	e Act of 1934, f 1935 or Sectio 40	on			
(Print or Type	Responses)											
Sarver Robert Gary Sym WE			Symbol	er Name an ERN ALI		Trad	ing	5. Relationship of Reporting Person(s) to Issuer				
				ORPORA		VAL	.]	(Check all applicable)				
(Last)	· · · · · ·	((Month/I	of Earliest T Day/Year)	ransaction			X Director X Officer (giv below)		0% Owner Other (specify		
BANCOR	FERN ALLIANCI PORATION, ONI GTON STREET, S	EE.	07/24/2	2017				· · · · · · · · · · · · · · · · · · ·	irman and Cl	EO		
	(Street)			endment, D onth/Day/Yea	-	ıl		6. Individual or J Applicable Line) _X_ Form filed by	-	-		
PHOENIX	, AZ 85004							Form filed by Person	More than One	Reporting		
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secu	rities Acc	quired, Disposed o	of, or Benefic	ially Owned		
1.Title of Security2. Transaction Date2A. Deemed(Month/Day/Year)Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common				Code V	Amount	(D)	Price \$	(Instr. 3 and 4)				
Common Stock	07/24/2017			S	65,448	D	50.39 (1)	54,000	D			
Common Stock								30,000	Ι	Spouse		
Common Stock								739,882	I	Sarver Family Trust dated 09/29/1997		

Common Stock	89,822	Ι	SF III Ltd Partnership
Common Stock	33,105	I	Vulture II Corporation
Common Stock	299,432	I	Robert G. Sarver Trust dated 09/29/1997
Common Stock	5,000	Ι	Children
Common Stock	6,185 <u>(2)</u>	Ι	401K 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.

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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Titl Amou Under Securi (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Other			
Sarver Robert Gary C/O WESTERN ALLIANCE BANCORPORATION ONE E. WASHINGTON STREET, STE 1400 PHOENIX, AZ 85004	Х		Chairman and CEO			

Signatures

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

07/26/2017

**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 \$50.10

- (1) to \$50.58, 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 7/20/17.

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.