

ZIONS BANCORPORATION /UT/
Form 3
June 09, 2015

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

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2015
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)

<p>1. Name and Address of Reporting Person *</p> <p>Â Linderman LeeAnne B</p> <p>(Last) (First) (Middle)</p> <p>ONE SOUTH MAIN, 15TH FLOOR</p> <p>(Street)</p> <p>SALT LAKE CITY,Â UTÂ 84133-1109</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>06/01/2015</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>ZIONS BANCORPORATION /UT/ [ZION]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Executive Vice President</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
---	---	---	--	---	---

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	9,186.627	I	By 401(k) Plan
Common Stock	3,101 ⁽¹⁾	D	Â

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.

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	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	--	------------------------------------	---------------------------------	--

Edgar Filing: ZIONS BANCORPORATION /UT/ - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (right to buy)	05/30/2015 ⁽²⁾	05/29/2021	Common Stock	15,500	\$ 28.59	D	Â
Stock Option (right to buy)	05/24/2014 ⁽²⁾	05/23/2020	Common Stock	15,429	\$ 27.49	D	Â
Stock Option (right to buy)	05/25/2013 ⁽²⁾	05/24/2019	Common Stock	6,000	\$ 18.87	D	Â
Stock Option (right to buy)	05/27/2012 ⁽²⁾	05/26/2018	Common Stock	4,217	\$ 23.71	D	Â
Stock Option (right to buy)	05/28/2011 ⁽²⁾	05/27/2017	Common Stock	1,709	\$ 23.95	D	Â
Stock Option (right to buy)	05/22/2016 ⁽²⁾	05/21/2022	Common Stock	9,950	\$ 29.02	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Linderman LeeAnne B ONE SOUTH MAIN, 15TH FLOOR SALT LAKE CITY, UT 84133-1109	Â	Â	Â Executive Vice President	Â

Signatures

/s/Thomas E. Laursen as attorney-in-fact 06/05/2015

__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).

(1) Restricted shares granted under the Zions Bancorporation 2015 Omnibus Incentive Plan. Restricted shares fully vest on May 22, 2019.

(2) Grant has a graded vesting schedule. Date exercisable will vary for each vesting tranche.

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.