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WESTERN Form 4 March 09, 2	ALLIANCE BAN	NCORPO	RATIO	N						
									OME	APPROVAL
FORM	4 UNITED	STATES		RITIES A shington,			NGE	COMMISSIO		3235-0287
Check th			,, u	Sing ton,	D .C. 2 0				Expires:	January 31,
if no lon subject t Section Form 4 o Form 5		GES IN SECUR	Estimate burden h response	ed average nours per						
obligatic may con <i>See</i> Instr 1(b).	tinue. Section 17(a) of the I	Public U		ding Cor	npan	y Act	of 1935 or Section		
(Print or Type	Responses)									
1. Name and A Sarver Rob	Address of Reporting ert Gary	Person <u>*</u>	Symbol WESTH	r Name and ERN ALL ORPORA	IANCE		-	5. Relationship Issuer (Ch	of Reporting	
	ERN ALLIANCE PORATION, 2700		3. Date o	f Earliest Ti Day/Year)	-		L	X Director X Officer (g below) Chairm		
	(Street)			endment, Da nth/Day/Year	-	1		6. Individual or Applicable Line) _X_ Form filed b Form filed by	y One Reporting	g Person
LAS VEGA	AS, NV 89102							Person		
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities A	cquired, Disposed	of, or Benefi	cially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	n Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) c of (D))	Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	03/05/2010			A	2,601 (1)	A	\$ 0	2,384,192	D	
Common Stock								185,429	I	By Sarver Family Trust Dated 09/27/1997
Common Stock								30,000	I	By Spouse (2)
Common								166,022	I	By SF III Ltd

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Stock			Partnership
Common Stock	31,374	Ι	By Vulture II Corporation
Common Stock	4,000	Ι	By The Harrison H. Hilton Trust

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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. onNumber	6. Date Exerce Expiration D		7. Title Amou		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative		any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities		Year)	Under Securi (Instr.		Security (Instr. 5)	Secur Bene Owne
	Security				Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)						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	Officer	Other					
Sarver Robert Gary C/O WESTERN ALLIANCE BANCORPORATIO 2700 WEST SAHARA AVENUE LAS VEGAS, NV 89102	ON X		Chairman, President and CEO						
Signatures									
/s/ Dale Gibbons (Attorney-in-fact) 03/09/201	10								
<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 transferrable to the reporting person of 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.
- (2) The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

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.