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WESTERN ALLIANCE BANCORPORATION

Form 4

November 29, 2010

FORM 4				OMB APPROVAL			
	UNITE	D STATES	S SECURITIES AND EXCHANGE (Washington, D.C. 20549	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	Filed p Section 1	oursuant to 7(a) of the 30(h)	Expires: Estimated a burden hou response	rs per			
1. Name and Address of Reporting Person * CADY GERALD A			2. Issuer Name and Ticker or Trading Symbol WESTERN ALLIANCE BANCORPORATION [WAL]	Issuer	of Reporting Person(s) to		
(Last) (CO WESTERN BANCORPORA WASHINGTON	TION, O	NE E	3. Date of Earliest Transaction (Month/Day/Year) 11/26/2010	Director _X Officer (give below) EVP, Californ		Owner er (specify ration	

PHOENIX, AZ 85004

(Street)

(City)	(State) (2	Table	I - Non	-De	rivative S	ecurit	ies Acc	quired, Disposed o	of, or Beneficial	lly Owned
1.Title of	2. Transaction Date	2A. Deemed	3.		4. Securi	ties		5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transa	ctio	nAcquired	(A) o	r	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code		Disposed	of (D)	Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr.	8)	(Instr. 3,	4 and	5)	Owned	Indirect (I)	Ownership
								Following	(Instr. 4)	(Instr. 4)
						(1)		Reported		
						(A)		Transaction(s)		
			Code	V	Amount	(D)	Price	(Instr. 3 and 4)		
Common Stock	11/26/2010		A	V	718 (1)	A	\$0	69,045	D	
Common Stock	11/26/2010		J	V	2	D	\$0	3,340 (2)	I	By 401(k) Plan

4. If Amendment, Date Original

Filed(Month/Day/Year)

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.

SEC 1474

(9-02)

6. Individual or Joint/Group Filing(Check

X Form filed by One Reporting Person ___ Form filed by More than One Reporting

Applicable Line)

Person

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	Expiration Date		t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A manuat		
									Amount		
						Date	Expiration		Or Number		
						Exercisable	Date		Number		
				C + V	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

Officer Other Director 10% Owner

CADY GERALD A C/O WESTERN ALLIANCE BANCORPORATION ONE E WASHINGTON STREET PHOENIX, AZ 85004

EVP, California Administration

Signatures

/s/ Dale Gibbons 11/29/2010 (Attorney-in-fact)

**Signature of Reporting Person

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 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) Reflects current shares held in the 401(k) Plan to include Employer match.

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.

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