## Edgar Filing: Vecchione Kenneth - Form 4

Vecchione Kenn Form 4	eth										
March 22, 2011											
FORM 4	L									PROVAL	
	UNITEL	Washington, D.C. 20549								3235-0287	
Check this box if no longer subject to Section 16. Form 4 or	x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								burden hou	Expires:January 31 2009Estimated average burden hours per response0.9	
Form 5 obligations may continue.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 19401(b).30(h) of the Investment Company Act of 1940											
(Print or Type Respo	Juses)										
1. Name and Address of Reporting Person <u>*</u> Vecchione Kenneth			2. Issuer Name and Ticker or Trading Symbol WESTERN ALLIANCE BANCORPORATION [WAL]				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				Earliest Tra 19/Year) 11	insaction			X Director 10% Owner X Officer (give title Other (specify below) below) President & COO			
				If Amendment, Date Original led(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
PHOENIX, AZ	85004							Form filed by M Person	More than One Re	porting	
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	Securi	ties Aco	quired, Disposed o	f, or Beneficial	ly Owned	
	Transaction D lonth/Day/Yea	ar) Execution any		3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) o l of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common 03 Stock 03	6/18/2011			A	1,566 (1)	A	\$ 0	167,322	D		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. iorNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Number Expiration Date of (Month/Day/Yea Derivative Securities Acquired A) or Disposed of (D) Instr. 3,		Amou Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code N	<sup>7</sup> (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
	Director	10% Owner	Officer	Other				
Vecchione Kenneth C/O WESTERN ALLIANCE BANCORPO ONE E WASHINGTON STREET PHOENIX, AZ 85004	DRATION	Х		President & COO				
Signatures								
/s/ Dale Gibbons (Attorney-in-fact)	3/22/2011							

Date

\*\*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

 deductions, that runy vest on the date of the grant. Once vested the common stock with become transferable 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.

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.