## Edgar Filing: WESTERN ALLIANCE BANCORPORATION - Form 4

| WESTERN AL<br>Form 4<br>January 29, 201  |                                     | NCORPC  | RATION                                    |   |  |                                |   |   |  |   |  |
|--|-------------------------------------|---|---|---|--|--------------------------------|---|---|--|---|--|
| Check this b<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continu | 4 UNITED                            | MENT O  | Was<br>F CHAN<br>Section 16<br>Public Uti | hington,<br>GES IN F<br>SECURI<br>5(a) of the<br>ility Hold | D.C. 209<br>BENEFI<br>TTIES<br>Securiti<br>ing Com | 549<br>CIAI<br>ies Ex<br>ipany | L OW<br>schang<br>Act o   | COMMISSION<br>NERSHIP OF<br>ge Act of 1934,<br>f 1935 or Sectio   | OMB<br>Number:<br>Expires:<br>Estimated a<br>burden hou<br>response  | irs per   |  |
| <i>See</i> Instructi 1(b).   | ion                                 | 30(II)  | of the Inv                                | /estiment (   | Compan   | y Act                          | 01 19   | 40  |  |   |  |
| (Print or Type Res   | ponses)                             |   |   |   |  |                                |   |   |  |   |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Ardrey J. Kelly Jr.  |                                     | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>WESTERN ALLIANCE<br>BANCORPORATION [WAL] |   |   |  | g                              | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable) |   |  |   |  |
| (Last)<br>C/O WESTER<br>BANCORPOF<br>WASHINGTO<br>1400   | RN ALLIANC<br>RATION, ONI           | ΕE  | 3. Date of<br>(Month/Da<br>01/27/20       |   | insaction  |                                |   | Director<br>X Officer (giv<br>below)<br>SVP, Chie   |  | 6 Owner<br>er (specify<br>Officer                                 |  |
| PHOENIX, AZ  | Filed(Mon                           |   |   | ndment, Date Original<br>nth/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> <li> Form filed by More than One Reporting</li> </ul> |  |   |  |
| (City)   | (State)                             | (Zip)   | Table                                     | I Non D   | mizativa   | Soonni                         | tion A a  | Person<br>quired, Disposed o  | f or Donoficial  | lly Owned   |  |
|  | 2. Transaction Da<br>Month/Day/Year | ) Execution<br>any  |   | 3.<br>Transactic<br>Code<br>(Instr. 8)                      | 4. Securi  | ties<br>l (A) o<br>l of (D     | r<br>)  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Stock  | 01/27/2015                          |   |   | Code V<br>A   | Amount<br>850                                      | (D)<br>A                       | Price<br>\$ 0   | (Instr. 3 and 4)<br>11,021  | D  |   |  |
| Common<br>Stock  |                                     |   |   |   |  |                                |   | 1,280 <u>(1)</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 (9-02) required to respond unless the form displays a currently valid OMB control

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#### number.

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | 3                   | Date               | Amou<br>Under<br>Secur | tle and<br>unt of<br>erlying<br>rities<br>c. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|---------------------|--------------------|------------------------|---|---|---|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title                  | Amount<br>or<br>Number<br>of<br>Shares                |   |   |
| Repo  | rting O   | wners                                   |   |  |   |                     |                    |                        |   |   |   |
|   | Dest  | 0 No. ( ) 11                            |   |  |   | Relati              | onships            |                        |   |   |   |

| <b>Reporting Owner Name / Address</b>  |          | <b>Kelationsinps</b> |                               |       |  |  |  |  |
|--|----------|----------------------|-------------------------------|-------|--|--|--|--|
| F B  | Director | 10% Owner            | Officer                       | Other |  |  |  |  |
| Ardrey J. Kelly Jr.<br>C/O WESTERN ALLIANCE BANCORPORATION<br>ONE E WASHINGTON STREET, STE 1400<br>PHOENIX, AZ 85004 |          |                      | SVP, Chief Accounting Officer |       |  |  |  |  |
| Signatures   |          |                      |                               |       |  |  |  |  |

| /s/ Dale Gibbons   | 01/29/2015 |
|--------------------|------------|
| (Attorney-in-fact) | 01/29/2013 |

<u>\*\*</u>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).

Date

(1) Reflects shares held in the 401K Plan to include employer match as of 1/22/15.

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.