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CVB FINAI	NCIAL CORP										
Form 4											
March 02, 2	016										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
	UNITED	STATES		RITIES A shington			ANGE CO	OMMISSION	OMB Number:	3235-0287	
Check th										January 31,	
if no lon subject t	- NIATHA	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP								2005 Verage	
Section 16.				SECUR	RITIES				Estimated average burden hours per		
Form 4 or Form 5 Eiled pursuant to Section 16(a) of the Section					- ·		- 1		response	0.5	
obligatio							•	Act of 1934,			
may con	unue.			vestment	•	-	•	1935 or Section			
<i>See</i> Instr 1(b).	ruction	50(II) (rvestment	Compa		ct 01 1940)			
(Print or Type	Responses)										
VACCADO CAN			2. Issue Symbol	r Name and	I Ticker of	r Trad	8	5. Relationship of Reporting Person(s) to Issuer			
Symo				INANCIA			VBFI				
(Least)	(Einst)	(Gddla)			-	, DI]	(Check all applicable)				
			of Earliest Transaction Day/Year)				_X_ Director10% Owner				
			03/02/2	-			•	Officer (give title Other (specify			
AVENUE, SUITE 350							1	below)	below)		
			4. If Am	nendment, Date Original				6. Individual or Joint/Group Filing(Check			
				nth/Day/Yea	-			Applicable Line)			
								X Form filed by One Reporting Person Form filed by More than One Reporting			
ONTARIO	, CA 91764							Person	ne than one Rep	porting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date	2A. Deeme	ed	3. 4. Securities Acquired (A					6.	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Transaction Disposed of (D)				Securities	Ownership Form: Direct (D)	Indirect Beneficial Ownership	
(Instr. 3)				Code (Instr. 3, 4 and 5) (Instr. 8)			Beneficially Owned				
							Following	(Instr. 4)			
				(A)			Reported Transaction(s)	(I) (Instr. 4)			
				<u> </u>		or	р.	(Instr. 3 and 4)	(IIISU. 4)		
				Code V	Amount	(D)	Price \$,			
Common	03/02/2016			S	8,000	D	» 16.2627	244,477	D		
Stock				~	2,000	-	<u>(1)</u>	,.,			

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. iofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Title Amoun Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code N	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Add	iress	Relationships							
Reporting O when Funder France	Direc	tor	10% Owner	Officer	Other				
VACCARO SAN 701 NORTH HAVEN AVE SUITE 350 ONTARIO, CA 91764	NUE X	C							
Signatures									
/s/ San Vaccaro	03/02/2016								
<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).

Represents the weighted average sales price. The Shares were sold at prices ranging from \$16.16 to \$16.33 per share. Full information
 (1) regarding the number of Shares sold at each price shall be provided to the Securities and Exchange Commission staff (the "Staff"), Issuer, or a security holder of Issuer, upon request.

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.