CVB FINANCIAL CORP

Form 4

March 23, 2017

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

Section 16.

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 1940

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Brager David A. | | | Symbol | | d Ticker or Trading | 5. Relationship of Reporting Person(s) to Issuer | | | |
|---|----------------|---------------|------------|--------------|---------------------------|--|--------------------------------|--|--|
| | | | CVB F | INANCL | AL CORP [CVBF] | (Che | ck all applicable) | | |
| (Last) | (First) | (Middle) | 3. Date of | f Earliest T | ransaction | | | | |
| | | | (Month/I | Day/Year) | | Director | 10% Owner | | |
| 701 N. HAVEN AVE. | | | 03/21/2017 | | | _X_ Officer (giv below) | ve title Other (specify below) | | |
| | | | | | | EVP Sal | es Division Manager | | |
| | (Street) | | 4. If Ame | endment, D | ate Original | 6. Individual or J | oint/Group Filing(Check | | |
| | | | Filed(Mo | nth/Day/Yea | r) | Applicable Line) | | | |
| | | | | | | | One Reporting Person | | |
| ONTARIO | , CA 91764 | | | | | Person | More than One Reporting | | |
| (City) | (State) | (Zip) | Tab | le I - Non- | Derivative Securities Acq | uired, Disposed o | of, or Beneficially Owned | | |
| 1.Title of | 2. Transaction | Date 2A. Deei | ned | 3. | 4. Securities Acquired | 5. Amount of | 6. Ownership 7. Nature | | |

| . • | | Tabl | e I - Noll-D | envanve | Secui | mes Acq | un eu, Disposeu o | i, or beneficial | ly Owned |
|-----------------|---------------------|--------------------|--------------|------------|-----------|-------------|-------------------|------------------|--------------|
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securi | ties A | cquired | 5. Amount of | 6. Ownership | 7. Nature of |
| Security | (Month/Day/Year) | Execution Date, if | Transactio | on(A) or D | ispose | d of (D) | Securities | Form: Direct | Indirect |
| (Instr. 3) | | any | Code | (Instr. 3, | 4 and | 5) | Beneficially | (D) or | Beneficial |
| | | (Month/Day/Year) | (Instr. 8) | | | | Owned | Indirect (I) | Ownership |
| | | | | | | | Following | (Instr. 4) | (Instr. 4) |
| | | | | | (4) | | Reported | | |
| | | | | | (A) | | Transaction(s) | | |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | |
| Common Stock | 03/21/2017 | | F | 500 | D | \$ 21.49 | 45,013 | D | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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| 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. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | 7. Titl Amou Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|--|-------------|------------|---|------------------------|--|---|
| | | | | | 4, and 5) | Date | Expiration | | Amount | | |
| | | | | Code V | (A) (D) | Exercisable | Date | Title | Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--------------------------------|---------------|-----------|-----------|-------|--|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | | |
| Brager David A. | | | EVP Sales | | | | | |
| 701 N. HAVEN AVE. | | | Division | | | | | |
| ONTARIO, CA 91764 | | | Manager | | | | | |

Signatures

/s/ David A
Brager

**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).

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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