Edgar Filing: WESTERN ALLIANCE BANCORPORATION - Form 4

Form 4	NALLIANCE BA	NCORPC	RATIC	ON									
April 28, 24	ЛЛ	STATES	S SECU	RITIE	S ANI) EX	КСН	ANGE CO	OMMISSION		APPROVAL		
Check	this box			ashingt						Number:	3235-0287		
if no lo subject	to STATE	MENT O	F CHA		IN BE URIT		FICI	AL OWN	ERSHIP OF	Expires: Estimated			
Section Form 4 Form 5 obligat may co <i>See</i> Ins 1(b).	or Filed pu	(a) of the	Public I	16(a) of Utility H	f the Solding	ecur g Co	mpa	•	Act of 1934, 1935 or Section)	burden ho response. n	•		
(Print or Type	e Responses)												
1. Name and Address of Reporting Person <u>*</u> Sarver Robert Gary			2. Issuer Name and Ticker or Trading Symbol					8	5. Relationship of Reporting Person(s) to Issuer				
			WESTERN ALLIANCE BANCORPORATION [WAL]						(Check all applicable)				
(Last) (First) (Middle) C/O WESTERN ALLIANCE			3. Date of Earliest Transaction (Month/Day/Year) 04/26/2016						_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Chairman and CEO				
	PORATION, ON GTON STREET,								Chai		0		
	(Street)			nendment Ionth/Day/		Drigin	al		6. Individual or Jo Applicable Line) _X_ Form filed by O				
PHOENIX	K, AZ 85004								Form filed by N Person				
(City)	(State)	(Zip)	Та	ble I - No	on-Deriv	vativ	e Seci	ırities Acqu	iired, Disposed of	, or Benefici	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transact Code (Instr. 8) Code	tionor Di (Insti)	spos r. 3, 4			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	04/26/2016			S	94,6			\$ 36.9178	1,155,075	D			
Common Stock									171,171	I	Robert G. Sarver Trust dated 09/29/1997		
Common Stock									30,000	Ι	Spouse		

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Common Stock	189,758	Ι	Sarver Family Trust dated 09/29/1997
Common Stock	23,800	Ι	SF III Ltd Partnership
Common Stock	33,105	I	Vulture II Corporation
Common Stock	6,188 <u>(2)</u>	I	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 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)	4. Transact Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3,	5	ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				4, and 5)	Date	Expiration		Amount or		
			Code V	(A) (D)	Exercisable	Date	Title	Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Sarver Robert Gary C/O WESTERN ALLIANCE BANCORPORATION			Chairman				
ONE E. WASHINGTON STREET, STE 1400	Х		and CEO				
PHOENIX, AZ 85004							

Signatures

/s/ Dale Gibbons (Attorney-in-fact)

**Signature of Reporting Person

04/28/2016 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).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$36.48 to \$37.1450, inclusive. The reporting person undertakes to provide to Western Alliance Bancorporation, any security holder of Western

- (1) Alliance Bancorporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within this range.
- (2) Reflects shares held in the 401K Plan to include employer match as of 4/14/16.

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.