## Edgar Filing: UMB FINANCIAL CORP - Form 4/A

UMB FINAN Form 4/A February 15,													
FORM	Δ									-	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549								COMMISSION	OMB Number:	3235-0287			
Section 16.				GES IN BENEFICIAL OWNERSHIP ( SECURITIES						Expires:	January 31, 2005		
									NERSHIP OF	Estimated average burden hours per			
Form 4 or Form 5			с <sup>.</sup> . 1/		.1	а ···	F	1	response				
obligation								-	ge Act of 1934,				
may conti	nue. Section 1		of the Inv	•		•	<b>-</b> •		f 1935 or Sectio	n			
See Instru	ction	50(II)	of the my	esune	ni C	Joinpan	y Aci	01 19	40				
1(b).													
(Print or Type R	esponses)												
1. Name and Address of Reporting Person <u></u> 2. Issuer				Name and Ticker or Trading				g	5. Relationship of Reporting Person(s) to				
BEERY ROL	BIN C		Symbol	nbol					Issuer				
UMB F				FINANCIAL CORP [UMBF]					(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest			Transaction			(Check an applicable)				
(Month/I 195 HIGH STREET 01/27/2			(Month/Da	Ionth/Day/Year) /27/2017 If Amendment, Date Original					X_ Director10% Owner Officer (give titleOther (specify below) below)				
			01/27/20										
			4. If Amer						6. Individual or Joint/Group Filing(Check				
· · · · · · · · · · · · · · · · · · ·				Ionth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
				-									
DENVER, C	CO 80218								Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)	Table	I - Nor	n-De	rivative S	Securi	ties A <i>c</i> i	quired, Disposed o	f or Beneficial	llv Owned		
1.Title of	2. Transaction I	Data 24 Day		3.		4. Securi			5. Amount of	6. Ownership	-		
Security	(Month/Day/Ye	on Date, if		ctio	nAcquired		or		Form: Direct	Indirect			
(Instr. 3)	`` <b>`</b>	any		Code Disposed of (D)				)	Beneficially (	Indirect (I) Owner	Beneficial		
		(Month	/Day/Year)	(Instr. 8) (Instr. 3, 4 and 5)			5)	Owned	Ownership				
								Following Reported	(Instr. 4)	(Instr. 4)			
							(A)		Transaction(s)				
		or Code V Amount (D)					Price	(Instr. 3 and 4)					
Common Stock	01/27/2017			A			, í	\$ 0	1,432	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)	e 3A. Deemed Execution Date, if any (Month/Day/Year)	Securi Acqui (A) or Dispo of (D)		umber Expiration Date (Month/Day/Year) erivative ecurities cquired A) or isposed f (D) nstr. 3,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secut Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D	) Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BEERY ROBIN C 195 HIGH STREET DENVER, CO 80218	Х							
Signatures								
/s/ John C. Pauls, Attorney In F Beery	02/15/2017							

\*\*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).
- (1) The number of shares granted was previously overstated.

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.