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MCAUSLAN Form 4	N ROBERT RE	EOCH									
October 31, 2	2017										
FORM									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287				
Check this box if no longer subject to Section 16. SECURITIES SECURITIES January Expires: 20 Estimated average burden hours per								•			
(Print or Type R	Responses)										
MCAUSLAN ROBERT REOCH Symbol WEST			Symbol WESTE	uer Name and Ticker or Trading l ΓERN ALLIANCE CORPORATION [WAL]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mon			(Month/D	Date of Earliest Transaction Month/Day/Year) 0/27/2017				Director 10% Owner X Officer (give title Other (specify below) below) EVP, Chief Credit Officer			
DUOENUV	(Street)	Filed(Month			-	1		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
PHOENIX,	AZ 85004							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8)	(Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	10/27/2017			Code V S	Amount 4,000	(D) D	Price \$ 56.49	23,200	D		
Common Stock								2,909 <u>(1)</u>	I	401K Plan	

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

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
r g g g g g g g g g g g g g g g g g g g	Director	10% Owner	Officer	Other		
MCAUSLAN ROBERT REOCH			EVP,			
C/O WESTERN ALLIANCE BANCORPORATION			Chief			
ONE E. WASHINGTON STREET, STE 1400			Credit			
PHOENIX, AZ 85004			Officer			
• • •						

Signatures

/s/ Dale Gibbons	10/31/2017
(Attorney-in-fact)	10/51/2017

**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 10/26/17.

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.