#### EDMONDS DAVID B

Form 4 April 24, 2008

# FORM 4

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

**OMB** 

Estimated average

Check this box if no longer subject to

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

3235-0287 Number: January 31, Expires:

2005

**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations may continue.

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

burden hours per response... 0.5

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * EDMONDS DAVID B				2. Issuer Name <b>and</b> Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer				
			REGIONS FINANCIAL CORP [RF]					RP [RF]	(Check all applicable)					
(Last) (First) (Middle) POBOX 10247				3. Date of Earliest Transaction (Month/Day/Year) 04/22/2008					Director 10% Owner X Officer (give title Other (specify below) Sr Executive Vice President					
		4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check Applicable Line)						
BIRMING	Filed(Month/Day/Year)						_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(State)	(Zip) Table I - Non-Derivative Securities Ac						equired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Code (Instr. 3, 4 and 5) ar) (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4)					
Phantom Stock Units (401k)	04/22/2008(1)			J(2)		23,633	A	\$ 21.69	23,633	I	By 401(k) Supplemental Plan			
D : 1 D		c , ,		.,.	1	C' ' 11	,	P 4	. 1. 41					

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.

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#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities		(Instr.	3 and 4)		Own	
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						*	Expiration	or or			
							Date		Number		
				C 1 W	(A) (D)			of			
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Relationships Reporting Owner Name / Address

> 10% Owner Officer Other Director

EDMONDS DAVID B POBOX 10247 BIRMINGHAM, AL 352020247

Sr Executive Vice President

### **Signatures**

By: John 04/24/2008 Buchanan

\*\*Signature of Date 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).
- (1) Determined pursuant to Rule 16a-3(g)(4).
- Represents share equivalent of phantom stock in supplemental 401(k) plan acquired in a non-discretionary transaction upon the merger of **(2)** two existing plans.

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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