

FARNSWORTH RON L  
Form 3  
March 30, 2005

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â FARNSWORTH RON L</p> <p>(Last) (First) (Middle)</p> <p>200 SW MARKET STREET, SUITE 1900</p> <p>(Street)</p> <p>PORTLAND,Â ORÂ 97201</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>03/08/2005</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>UMPQUA HOLDINGS CORP [UMPQ]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Principal Accounting Officer</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock	500	D	Â
Class A Common Stock	580 <sup>(1)</sup>	I	By 401(k)
Class A Common Stock	2,500	I	By IRA
Class A Common Stock	2,274	I	By Spouse IRA

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Stock Option (Right to Buy) - Granted 1/2/2002	01/02/2003 <sup>(2)</sup>	01/02/2012	Class A Common Stock	1,500	\$ 13.34	D	Â
Stock Option (Right to Buy) - Granted 1/21/2005	01/20/2006 <sup>(2)</sup>	01/20/2015	Class A Common Stock	2,500	\$ 23.49	D	Â
Stock Option (Right to Buy) - Granted 3/21/2000	03/21/2001 <sup>(3)</sup>	03/21/2010	Class A Common Stock	882	\$ 5.7	D	Â
Stock Option (Right to Buy) - Granted 9/19/2000	09/19/2005 <sup>(4)</sup>	09/19/2010	Class A Common Stock	12,600	\$ 5.13	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
FARNSWORTH RON L 200 SW MARKET STREET, SUITE 1900 PORTLAND, OR 97201	Â	Â	Â Principal Accounting Officer	Â

## Signatures

By: by Steven L. Philpott - Attorney in Fact for 03/30/2005

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) Holdings reported include shares acquired in the 401(k)/Profit Sharing plan through dividend reinvestment, payroll deferrals and/or employer contributions.
- (2) Beginning on the first anniversary of the grant date, the options vest 20% per year for five years.
- (3) All options are fully vested.
- (4) Five years after grant date, the option vests 100%.

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.