#### Edgar Filing: WESTERN ALLIANCE BANCORPORATION - Form 4

WESTERN AL Form 4 October 28, 20 <b>FORM</b> Check this b if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instructi 1(b).	16 <b>4</b> UNITED ox STATE Filed pu e. Section 17	<b>STATES</b> <b>MENT O</b> Irrsuant to S	S SECUR Was F CHAN Section 10	CITIES A Shington, GES IN SECUR 6(a) of th ility Hold	D.C. 20 BENEF UTIES e Securit ding Con	549 ICIA ties E	L OW Exchang y Act of	COMMISSION NERSHIP OF e Act of 1934, f 1935 or Sectio 10	OMB Number: Expires: Estimated a burden hou response	0	
(Print or Type Res	ponses)										
			2. Issuer Name and Ticker or Trading Symbol WESTERN ALLIANCE BANCORPORATION [WAL]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Month/				nte of Earliest Transaction hth/Day/Year) 16/2016				Director 10% Owner X Officer (give title Other (specify below) EVP, Chief Credit Officer			
	Filed(Mon			endment, Date Original onth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
PHOENIX, AZ								Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
	Transaction Da Month/Day/Year	<ul> <li>Execution</li> <li>any</li> </ul>	med n Date, if Day/Year)	Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3, Amount	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 1 Stock	0/26/2016			S	3,000	D	\$ 37.39 (1)	38,323	D		
Common Stock								2,910 (2)	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<br/>information contained in this form are not<br/>required to respond unless the formSEC 1474<br/>(9-02)

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# 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Title Amoun Underly Securiti (Instr. 3	it of ying ies	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	<sup>7</sup> (A) (D)	Date Exercisable	Expiration Date	o Title M	Amount or Number of Shares		

### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	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			
<b>O</b> !						

## Signatures

/s/ Dale Gibbons	10/26/2016
(Attorney-in-fact)	10/20/2010

\*\*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).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$37.39 to \$37.40, 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 10/13/16.

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.