Edgar Filing: CITY NATIONAL CORP - Form 4

CITY NAT	IONAL CORP											
Form 4												
March 01, 2	2011											
FORM	ЛД								OMB A	PPROV	AL	
	UNITED	STATES			AND EXCHAN , D.C. 20549	IGE (COMMISSIO	```	OMB Number:	3235	5-0287	
Check t if no lor subject	iger STATEN	MENT OI	F CHANGES IN BENEFICIAL OWNERSHIP OF						Expires:		ary 31, 2005	
Section	Section 16. SECURITIES Form 4 or								Estimated average burden hours per response 0.5			
Form 5	Filed put	rsuant to S	Section	16(a) of th	ne Securities Ex	chang	ge Act of 1934,		10300130		0.5	
obligati may cor				•	ding Company			ion				
<i>See</i> Inst 1(b).		30(h)	of the I	nvestmen	t Company Act	of 19	40					
(Print or Type	Responses)											
1. Name and CAREY C	Person [*]	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer						
		CITY NATIONAL CORP [CYN]				(Check all applicable)						
(Last)	(First) (Middle)	3. Date of Earliest Transaction				(Check an applicable)					
400 NODT		(Month/Day/Year)				Director 10% Owner Officer (give title Other (specify						
400 NORT	RIVE	02/28/2	2011		_X_ Officer (give title Other (specify below) below) EVP & Chief Financial Officer							
(Street)			4. If Am	endment, D	ate Original	6. Individual or Joint/Group Filing(Check						
I				Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
BEVERLY	HILLS, CA 902	10					Form filed by Person	/ More	e than One R	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivative Securit	ies Ac	quired, Disposed	of, o	r Beneficia	lly Owne	d	
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if		3. Transactio	4. Securities onAcquired (A) or				wnership n: Direct	7. Natur Indirect	e of	
(Instr. 3) any (Month/I			Code Disposed of (D)				Beneficially Owned Following		or Indirect tr. 4)	Benefici Ownersl (Instr. 4	hip	

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.

Reported

Transaction(s)

(Instr. 3 and 4)

 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 Exercisable and	7. Title and Amount of	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Date	Underlying Securities	Derivative
Security	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Security

(A)

or

Code V Amount (D) Price

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(Instr. 3)	Price of Derivative Security	(Month/Da	y/Year)	(Instr.	8)	Deriv Secu Acqu (A) o Disp of (D (Instu 4, an	rities uired or osed)) r. 3,					(Instr. 5)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Fund Units (EDCP)	<u>(1)</u>	02/28/2011		A		71		(2)	(2)	Common Stock	71	\$ 58.91

Reporting Owners

Reporting Owner Name / Address	Relationships								
r g	Director	10% Owner	Officer	Other					
CAREY CHRISTOPHER J 400 NORTH ROXBURY DRIVE BEVERLY HILLS, CA 90210			EVP & Chief Financial Officer						
Signatures									

Christopher J. Carey 03/01/2011 <u>**Signature of Date</u> 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) These Stock Fund Units were acquired under the Executive Deferred Compensation Plan (EDCP) and convert to stock on a one-for-one basis.

(2) The Stock Fund Units are generally distributed upon termination, or following retirement on the date or dates specified by the reporting person.

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.