## Edgar Filing: CASCADE BANCORP - Form 4

CASCADE	BANCORP										
April 15, 20	05										
FORM		статес (	SECUI	DITIES A	ND FV	СПА	NCEC	OMMISSION		PROVAL	
	UNITED	SIAILS		shington			INGE C	OMMUISSION	OMB Number:	3235-0287	
Check this box if no longer STATEMENT OF CHA				U			AL OWN	VERSHIP OF	Expires:	January 31, 2005	
Statement of char Section 16.				SECUE	RITIES				Estimated average burden hours per		
Form 4 or									response		
Form 5 obligatio may cont See Instr 1(b).	ns Section 17(	a) of the Pu	ublic U		ding Co	mpan	y Act of	e Act of 1934, 1935 or Section 0	I		
(Print or Type ]	Responses)										
LICEENANICADYI			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
CA			CASCA	ADE BAN	NCORP	[CAC	CB]	(Check all applicable)			
(Last) (First) (Middle) 3. D				Date of Earliest Transaction							
			(Month/Day/Year) 04/15/2005					_X_Director10% Owner Officer (give titleOther (specify below) below)			
				mendment, Date Original Aonth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BEND, OR	97701							Form filed by Mo Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution E any (Month/Day	Date, if	3. Transactic Code (Instr. 8)		(A) or		) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	04/15/2005			S	9,000	D	\$ 18.7433	98,100	D		

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	ionNumber of				7. Titl Amou Under Secur (Instr.	int of rlying	Derivative	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5 (A) (E	<b>)</b> ]	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
I O	Director	10% Owner	Officer	Other				
HOFFMAN GARY L 1100 N.W. WALL STREET BEND, OR 97701	Х							
Signatures								
Gregory D. Newton - Power of Atty		04/15/2005	5					
**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).

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.