DESILVA PETER J

Form 4 May 01, 2013

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

OMB APPROVAL

3235-0287

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if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * DESILVA PETER J | | | 2. Issuer Name and Ticker or Trading Symbol UMB FINANCIAL CORP [UMBF] | 5. Relationship of Reporting Person(s) to Issuer | | |
|-----------------------------------------------------------|-------------------------|--|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|
| (Last) | (Last) (First) (Middle) | | 3. Date of Earliest Transaction | (Check all applicable) | | |
| | | | (Month/Day/Year) | X Director 10% Owner | | |
| 1010 GRAND BLVD. | | | 04/29/2013 | _X_ Officer (give title Other (specify below) | | |
| | | | | President and COO | | |
| (Street) | | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | |
| | | | Filed(Month/Day/Year) | Applicable Line) | | |
| KANSAS CITY, MO 64106 | | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |

| (City) | (State) | (Zip) Tab | ole I - Non- | Derivativ | e Secu | ırities Acqui | ired, Disposed of, o | r Beneficially | Owned |
|--------------------------------------|--------------------------------------|-------------------------------------------------------------|----------------------------------------|-----------|------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactic Code (Instr. 8) | | sed of 4 and (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 | 04/29/2013 | | S | 4,000 | D | \$ 50 | 99,746.2278 | D | |
| Common Stock | 04/29/2013 | | S | 300 | D | \$ 50.0101 | 99,446.2278 | D | |
| Common Stock | 04/29/2013 | | S | 300 | D | \$ 50.02 | 99,146.2278 | D | |
| Common Stock | 04/29/2013 | | S | 900 | D | \$ 50.03 | 98,246.2278 | D | |
| Common Stock | 04/29/2013 | | S | 1,500 | D | \$ 50.04 | 96,746.2278 | D | |
| | 04/29/2013 | | S | 200 | D | \$ 50.045 | 96,546.2278 | D | |

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| Common Stock | | | | | | | | |
|-----------------|------------|---|-------|---|---------------|--------------------|---|--------------|
| Common Stock | 04/29/2013 | S | 100 | D | \$ 50.05 | 96,446.2278 | D | |
| Common Stock | 04/29/2013 | S | 548 | D | \$ 50.0601 | 95,898.2278 | D | |
| Common Stock | 04/29/2013 | S | 200 | D | \$ 50.09 | 95,698.2278 (1) | D | |
| Common Stock | 04/29/2013 | M | 8,048 | A | \$ 27.0625 | 103,746.2278 | D | |
| Common Stock | | | | | | 1,467.3758 (1) | I | By 401(k) |
| Common Stock | | | | | | 181.8508 (2) | I | By Esop |

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.

SEC 1474

(9-02)

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. Number | 6. Date Exercisab | le and | 7. Title and A | Amount of |
|------------------|-------------------|---------------------|--------------------|------------|-----------------|-------------------|-----------------|-----------------|------------------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | onof Derivative | Expiration Date | | Underlying S | Securities |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year | ·) | (Instr. 3 and | 4) |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Acquired | | | | |
| | Derivative | | | | (A) or | | | | |
| | Security | | | | Disposed of | | | | |
| | | | | | (D) | | | | |
| | | | | | (Instr. 3, 4, | | | | |
| | | | | | and 5) | | | | |
| | | | | | | Date Exercisable | Expiration Date | Title | Amount or Number of |
| | | | | Code V | (A) (D) | | | | Shares |
| Stock | | | | | | | | | |
| Option (Right to | \$ 27.0625 (3) | 04/29/2013 | | M | 8,048 | 01/01/2008(4) | 01/01/2015 | Common Stock | 8,048 |

Reporting Owners

Buy)

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |

Reporting Owners 2

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DESILVA PETER J 1010 GRAND BLVD. X KANSAS CITY, MO 64106

President and COO

Signatures

John C. Pauls, Attorney-in-fact for Mr. deSilva

05/01/2013

**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).
- (1) Includes shares acquired from dividend reinvestment
- (2) Reflects ESOP allocations and dispositions that have occurred since the date of the reporting person's last ownership report
- (3) Price was incorrectly reported as \$53.13
- (4) Options vest 50% after 3 years, 75% after 4 years and 100% after 5 years

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.

Signatures 3