#### Edgar Filing: MCAUSLAN ROBERT REOCH - Form 4

#### MCAUSLAN ROBERT REOCH

Form 4

February 07, 2019

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average

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**OMB APPROVAL** 

response...

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

Check this box

obligations may continue.

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).

Stock

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * MCAUSLAN ROBERT REOCH			Issuer Name <b>and</b> Ticker or Translool ESTERN ALLIANCE NCORPORATION [WA	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last) (First) (Middle) 3. Dat (Mont			Pate of Earliest Transaction onth/Day/Year) 05/2019		Director 10% Owner Officer (give title Other (specify below) below)  EVP, Chief Credit Officer			
PHOENIX,	(Street) 4. If Amendment, Date Origina Filed(Month/Day/Year)  AZ 85004				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
		(7:n)			Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Sec	urities A	cquired, Dispose	d of, or Benefi	cially Owned	
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Execution Date, if		Code Disposed of Year) (Instr. 8) (Instr. 3, 4 a	(D) ad 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V Amount (I		(Instr. 3 and 4)			
Common Stock	02/05/2019		A 3,111 A	\$ 0	12,290	D		
Common Stock					9,906	I	Rob McAuslan & Description (Assey) Family Trust	
Common					2 000 (1)	ĭ	A01K Plan	

2,909 (1)

Ι

401K Plan

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

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)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	e and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Da	ate	Amou	nt of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						J
					(A) or						]
					Disposed						-
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	m	or		
						Exercisable Date	Title Number				
				~	<del></del>				of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
1	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			

### **Signatures**

/s/Randall S. Theisen (Attorney-in-fact) 02/07/2019

\*\*Signature of Reporting Person Da

## **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) Reflects shares held in the 401K Plan to include employer match as of 1/31/19.

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.

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