Edgar Filing: Hume Alexander - Form 4

Hume Alexa	nder										
Form 4											
March 05, 20)19										
FORM	4								OMB AF	PROVAL	
	UNIT	ED STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check thi				0 /					Expires:	January 31,	
if no long subject to		EMENT O	F CHAN	GES IN BENEFICIAL OWNERSHIP OF				NERSHIP OF		2005	
Section 10				SECURITIES					Estimated average burden hours per		
Form 4 or	ſ								response	0.5	
Form 5	Filed	pursuant to S	Section 1	6(a) of the	e Securit	ies E	xchange	ige Act of 1934,			
obligation may conti		17(a) of the	Public Ut	tility Hold	ling Con	npany	Act of	1935 or Section	n		
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
(Print or Type R	(esponses)										
1 Name and A	ddress of Repor	ting Person *	2 1	. N	T: -1	T J		5 Relationship of	Reporting Pers	on(s) to	
Hume Alexa	-		2. Issuer Symbol	. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
			-	BANCOL	ORPORATION,						
					L ASSOCIATION /UT/			(Check all applicable)			
			[ZION]				/01/				
-								Director X Officer (give		Owner er (specify	
				3. Date of Earliest Transaction (Month/Day/Year)				below) below)			
ONE SOUT	H MAIN, 15'	TH FLOOR						Senior	r Vice Presiden	t	
ONL SOUT		IIII LOOK									
				4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Mor	nth/Day/Year)			Applicable Line) _X_ Form filed by C	ne Reporting Pe	rson	
SALTIAKI	E CITY, UT	8/133						Form filed by M			
SALI LARI		04133						Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction	Date 2A. Deer	ned	3.	4. Securi			5. Amount of	6. Ownership		
Security	(Month/Day/Y					or Disposed of (D)		Securities	Form: Direct		
(Instr. 3)		any (Month/I	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(Wondivi	Jay/ I Cal)	(insu: 0)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	03/01/2019			А	2,111	А	\$ 51.17	9,093	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. I Der Sec (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 51.17	03/01/2019		А	1,031	<u>(1)</u>	02/28/2026	Common Stock	1,031	\$

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Hume Alexander ONE SOUTH MAIN, 15TH FLOOR SALT LAKE CITY, UT 84133			Senior Vice President			
Signatures						
By Thomas E. Laursen as attorney in fact		03/01/2019				
**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) Grant has a graded vesting schedule. Date exercisable will vary for each vesting tranche.

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.