WEST BANCORPORATION INC

Form 4

February 29, 2016

COMMON

COMMON

STOCK

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rebruary 29, 2	.010											
FORM 4 UNITED STATES SECURITIES AND EVOLANCE COMMISSION									OMB APPROVAL			
Washington, D.C. 20549									3235-0287			
Check this			G .					Expires:	January 31,			
if no longer subject to Section 16. Form 4 or Form 5 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934							Estimated average burden hours per response 0					
Form 5 obligations may continue. See Instruction 1(b). 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												
(Print or Type Re	sponses)											
1. Name and Add NELSON DA	Symbol	2. Issuer Name and Ticker or Trading Symbol WEST BANCORPORATION INC					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
[WTBA]						(Checi	ik all applicable)					
(Last) 1601 22ND S	(Month/Da	3. Date of Earliest Transaction (Month/Day/Year)				X Director 10% OwnerX Officer (give title Other (specify below)						
1001 22ND S	02/24/20	02/24/2016				CEO & PRESIDENT						
(Street) 4. If Amendmen Filed(Month/Day				Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
WEST DES N	MOINES, IA 5026	66					Form filed by M Person	ore than One Re	eporting			
(City)	(State) (Zi	(p) Table	I - Non-De	rivative So	ecurit	ies Acqı	uired, Disposed of	, or Beneficial	ly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed 3. 4. Securities Acquired (Month/Day/Year) Execution Date, if any Code (D) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)		d of	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
COMMON			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)					
COMMON STOCK	02/24/2016		L	340	A	17.4 (1)	74,573	D				
									By			

Nicholas

Robert

Nelson Roth IRA

Ann

Nelson Roth IRA

By Natalie

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COMMON STOCK	17,803	I	Katherine A. Nelson Rev Trust
COMMON STOCK	18,852	I	By 401(k) Plan

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)

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

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transa Code (Instr.	ctio 8)	5. nNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)
				Code	V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships							
·r·	Director	10% Owner	Officer	Other				
NELSON DAVID D 1601 22ND STREET WEST DES MOINES, IA 50266	X		CEO & PRESIDENT					

Signatures

Marie I. Roberts, By Power of Attorney

02/29/2016

**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).

Reporting Owners 2

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(1) Share acquired pursuant to reinvestment of dividends received into purchases of new shares.

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.