### Edgar Filing: James Dianne R - Form 4

| James Diann<br>Form 4  | e R                                     |             |                 |   |       |  |                  |             |   |  |                     |  |  |
|--|---|-------------|-----------------|---|-------|--|------------------|-------------|---|--|---------------------|--|--|
| June 13, 201   | 8                                       |             |                 |   |       |  |                  |             |   |  |                     |  |  |
| FORM   | 4                                       |             | GEGUE           |   |       |  |                  | NORO        |   | OMB AF   | PROVAL              |  |  |
|  | UNITED                                  | STATES      |                 |   |       | ND EXO<br>D.C. 20                      |                  | NGE C       | COMMISSION  | OMB<br>Number:   | 3235-0287           |  |  |
| check this box<br>if no longer   |   |             |                 |   |       |  |                  |             |   | Expires:   | January 31,<br>2005 |  |  |
| subject to STATEMENT OF CHAN<br>Section 16.                                    |   |             |                 | GES IN BENEFICIAL OWNERSHIP<br>SECURITIES |       |  |                  |             | NEKSHIP OF  | Estimated average burden hours per                                   |                     |  |  |
| Form 4 or<br>Form 5  |   | remant to S | ection 1        | 6(a) of                                   | the   | Securit                                | ies F            | vehana      | response 0.   |  |                     |  |  |
| obligation   | $^{18}$ Section 17(                     |             |                 |   |       |  |                  | •           | e Act of 1934,<br>1935 or Sectior   | 1  |                     |  |  |
| may cont<br>See Instru<br>1(b).  | inue.                                   |             | of the In       | •   |       | •                                      | · ·              |             |   |  |                     |  |  |
| (Print or Type F   | Responses)                              |             |                 |   |       |  |                  |             |   |  |                     |  |  |
| 1. Name and Address of Reporting Person *<br>James Dianne R2. Issuer<br>Symbol |   |             |                 | er Name and Ticker or Trading             |       |  |                  |             | 5. Relationship of Reporting Person(s) to Issuer  |  |                     |  |  |
| ZIC  |   |             | ZIONS<br>[ZION] | IONS BANCORPORATION /UT/                  |       |  |                  |             | (Check all applicable)  |  |                     |  |  |
| (Last)   | (First) (I                              | Middle)     | 3. Date of      | Earliest                                  | t Tra | insaction                              |                  |             | Director  |  | Owner               |  |  |
|  |   |             |                 | Month/Day/Year)<br>6/11/2018              |       |  |                  |             | X Officer (give title Other (specify<br>below) below)<br>Executive Vice President                   |  |                     |  |  |
|  | (Street)                                |             | 4. If Ame       | ndment,                                   | Dat   | e Origina                              | l                |             | 6. Individual or Jo   | int/Group Filin  | g(Check             |  |  |
| Filed(Mon<br>SALT LAKE CITY, UT 84133-1109                                     |   |             |                 | hth/Day/Year)                             |       |  |                  |             | Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting |  |                     |  |  |
| SALI LAK   | E CH Y, UT 841                          | 33-1109     |                 |   |       |  |                  |             | Person  |  |                     |  |  |
| (City)   | (State)                                 | (Zip)       | Tabl            | e I - Noi                                 | n-De  | erivative                              | Secur            | ities Acq   | uired, Disposed of  | , or Beneficial  | ly Owned            |  |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date<br>(Month/Day/Year) |             | n Date, if      | 3.<br>Transa<br>Code<br>(Instr.           | ctio  | 4. Securit<br>n(A) or Di<br>(Instr. 3, | spose<br>4 and   | d of (D)    | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported                        | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |                     |  |  |
|  |   |             |                 | Code                                      | v     | Amount                                 | (A)<br>or<br>(D) | Price       | Transaction(s)<br>(Instr. 3 and 4)  |  |                     |  |  |
| Common<br>Stock  | 06/11/2018                              |             |                 | F   |       | 149                                    | D                | \$<br>56.57 | 22,332.967  | 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)

Reporting Owners

#### Edgar Filing: James Dianne R - Form 4

| 1. Title of<br>Derivative | 2.<br>Conversion                                  | 3. Transaction Date<br>(Month/Day/Year) |                  | 4.<br>Transactio   | 5.<br>Mumber  | 6. Date Exerce<br>Expiration D |                    | 7. Title<br>Amoun  |  | 8. Price of Derivative | 9. Nu<br>Deriv  |
|---------------------------|---|---|------------------|--------------------|---|--------------------------------|--------------------|--------------------|--|------------------------|---|
| Security<br>(Instr. 3)    | or Exercise<br>Price of<br>Derivative<br>Security | (Monul/Day/Year)                        | (Month/Day/Year) | Code<br>(Instr. 8) | of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                                |                    | Underly<br>Securit | ying                                   | Security<br>(Instr. 5) | Denv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|                           |   |   |                  | Code V             |   | Date<br>Exercisable            | Expiration<br>Date | Title 1            | Amount<br>or<br>Number<br>of<br>Shares |                        |   |

# **Reporting Owners**

| Reporting Owner Name / Address   |            |           | Relationships            |       |  |
|--|------------|-----------|--------------------------|-------|--|
|  | Director   | 10% Owner | Officer                  | Other |  |
| James Dianne R<br>ONE SOUTH MAIN STREET, 15TH FLOOR<br>SALT LAKE CITY, UT 84133-1109 |            |           | Executive Vice President |       |  |
| Signatures   |            |           |                          |       |  |
| /s/Thomas E. Laursen as Attorney in Fact   | 06/13/2018 | 8         |                          |       |  |
| **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.