#### COLUMBIA BANKING SYSTEM INC

Form 4 July 03, 2017

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

3235-0287 Number:

January 31, Expires: 2005

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

Check this box

obligations may continue. See Instruction

1 Name and Address of Departing De

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).

Common

07/03/2017

(Print or Type Responses)

| 1. Name and Address of Reporting Person Lawson David C |                    |             | Symbol   | ИВІА ВА     | Ticker or Trading  NKING SYSTEM | 5. Relationship of Reporting Person(s) to<br>Issuer  (Check all applicable)                       |                  |                      |  |
|--|--------------------|-------------|--|-------------|---------------------------------|---|------------------|----------------------|--|
| (Last)   | (First)            | (Middle)    | 3. Date of Earliest Transaction (Month/Day/Year) |             |                                 | DirectorX_ Officer (give  | e title Othe     | Owner<br>er (specify |  |
| 1301 A STREET  |                    |             | 07/03/20   | •           |                                 | below) below) EVP & Chief H.R. Officer  |                  |                      |  |
| (Street)   |                    |             | 4. If Ame  | ndment, Da  | te Original                     | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person |                  |                      |  |
|  |                    | Filed(Mor   | nth/Day/Year                                     | )           |                                 |   |                  |                      |  |
| TACOMA, WA 98402                                       |                    |             |  |             |                                 | Form filed by More than One Reporting Person  |                  |                      |  |
| (City)   | (State)            | (Zip)       | Tabl   | e I - Non-D | Perivative Securities Acq       | quired, Disposed of   | f, or Beneficial | ly Owned             |  |
| 1.Title of   | 2. Transaction Dat | te 2A. Deer | med  | 3.          | 4. Securities Acquired          | 5. Amount of  | 6. Ownership     | 7. Nature of         |  |
| Security   | (Month/Day/Year    | ) Execution | n Date, if                                       | Transactio  | on(A) or Disposed of (D)        | Securities  | Form: Direct     | Indirect             |  |
| (Instr. 3)   |                    | any         |  | Code        | (Instr. 3, 4 and 5)             | Beneficially  | (D) or           | Beneficial           |  |
|  |                    | (Month/l    | Day/Year)  | (Instr. 8)  |                                 | Owned   | Indirect (I)     | Ownership            |  |
|  |                    |             |  |             |                                 | Following   | (Instr. 4)       | (Instr. 4)           |  |
|  |                    |             |  |             | (A)                             | Reported  |                  |                      |  |
|  |                    |             |  |             | or                              | Transaction(s)  |                  |                      |  |
|  |                    |             |  | Code V      | Δ mount (D) Price               | (Instr. 3 and 4)  |                  |                      |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

D

12,368

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

Code V Amount (D)

A

137 (1) A

Price

35.87

#### Edgar Filing: COLUMBIA BANKING SYSTEM INC - Form 4

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.         | 5.         | 6. Date Exerc | cisable and | 7. Titl | e and    | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------|-------------|---------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | orNumber   | Expiration D  | ate         | Amou    | nt of    | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/   | Year)       | Under   | lying    | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e             |             | Securi  | ities    | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities |               |             | (Instr. | 3 and 4) |             | Owne   |
|             | Security    |                     |                    |            | Acquired   |               |             |         |          |             | Follo  |
|             | -           |                     |                    |            | (A) or     |               |             |         |          |             | Repo   |
|             |             |                     |                    |            | Disposed   |               |             |         |          |             | Trans  |
|             |             |                     |                    |            | of (D)     |               |             |         |          |             | (Instr |
|             |             |                     |                    |            | (Instr. 3, |               |             |         |          |             |        |
|             |             |                     |                    |            | 4, and 5)  |               |             |         |          |             |        |
|             |             |                     |                    |            |            |               |             |         |          |             |        |
|             |             |                     |                    |            |            |               |             |         | Amount   |             |        |
|             |             |                     |                    |            |            | Date          | Expiration  |         | or       |             |        |
|             |             |                     |                    |            |            | Exercisable   | •           |         | Number   |             |        |
|             |             |                     |                    | G 1 W      |            |               |             |         | of       |             |        |
|             |             |                     |                    | Code V     | (A) (D)    |               |             |         | Shares   |             |        |

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Lawson David C

1301 A STREET EVP & Chief H.R. Officer

**TACOMA, WA 98402** 

## **Signatures**

/s/ Cathleen Dent on behalf of David C.
Lawson 07/03/2017

\*\*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) ESPP Purchase

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.

Reporting Owners 2