Dow Lisa Form 4 February 25, 2019

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

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

Check this box

Form 5 obligations may continue. See Instruction

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

02/22/2019

(Print or Type Responses)

| Name and Address of Reporting Person * Dow Lisa | | | 2. Issuer Name and Ticker or Trading Symbol COLUMBIA BANKING SYSTEM INC [COLB] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|-----------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------|------|----------|--------------------------|--------------|-----------------------------------------------------------------------------|----------------------------|----------------------|--|
| (Last) | (First) (I | Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | | | DirectorX_ Officer (give | e titleOthe | Owner er (specify | | | |
| 1301 A STREET | | | 02/22/2019 | | | | | | below) below) EVP and Chief Risk Officer | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check | | | |
| TACOMA, | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | | | | |
| , | | | | | | | | | Person | | | |
| (City) | (State) | (Zip) | Table | e I - Non- | -Dei | rivative | Secur | ities Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of | 2. Transaction Date 2A. De | | ned | 3. 4. Securities Acquired | | cquired | 5. Amount of | 6. Ownership | 7. Nature of | | | |
| Security | | | n Date, if | Transaction(A) or Disposed of (D) | | | d of (D) | Securities | Form: Direct | Indirect | | |
| (Instr. 3) | • | | Code (Instr. 3, 4 a | | | 4 and | 5) | Beneficially | (D) or | Beneficial | | |
| | | (Month/I | Day/Year) | (Instr. 8 |) | | | | Owned Following | Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| | | | | | | | (A) or | | Reported Transaction(s) (Instr. 3 and 4) | | | |
| | | | | Code ' | V A | Amount | (D) | Price | (1115tr. 5 and 4) | | | |

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

F

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SEC 1474

(9-02)

D

9,793

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

259

D

38.32

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| 1. Title of | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exerc | | 7. Title a | | 8. Price of | 9. Nu |
|--------------------------------------|-----------------------------------------------------------------|---------------------|-----------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------------|----------|---------------------|--------------------------------------------------------------------|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Securitie | derlying | Security (Instr. 5) | Deriv Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | or Title N of | umber | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Dow Lisa

1301 A STREET EVP and Chief Risk Officer

TACOMA, WA 98402

Signatures

/s/Cathleen Dent, on behalf of Lisa Dow 02/26/2019

**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).

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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