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PACWEST BANCORP Form 4 April 09, 2014 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(c) of the Public Utility Helding Comments Act of 1025 or Section							OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: January 31, 2005 Estimated average burden hours per response 0.5		
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).									
(Print or Type]	Responses)								
1. Name and A PLATT DA	Address of Reporting Person <u>*</u> NIEL B	2. Issuer Name an Symbol PACWEST BA			5. Relationship of Issuer (Check	Reporting Pers			
(Last)(First)(Middle)3. Date of (Month/Date)10250 CONSTELLATION BLVD.04/07/20SUITE 164004/07/20			Transaction		X Director	X_ Director 10% Owner Officer (give title Other (specify			
(Street) 4. If Amer Filed(Mon LOS ANGELES, CA 90067			Date Origina ear)	ıl	Applicable Line) _X_ Form filed by O	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
(City)	(State) (Zip)			~	Person				
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Dec (Month/Day/Year) Executi any	emed 3.	4. Securi etion(A) or D (Instr. 3,	ities Acqui		, or Beneficial 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial		
Common	04/05/2014		V Amount 6,896		nce	D			
Stock	04/07/2014	А	(1)	A \$(0 48,536	D			
Common Stock	04/07/2014	F	2,576 (2)	D \$ 45	45,960	D			
Common Stock	04/08/2014	А	1,124	A \$(0 47,084	D			
Common Stock					2,945	Ι	By IRA		
Common Stock					4,879	I	By Family Trust		

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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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	ate	7. Title a Amount Underly Securitie (Instr. 3	of ing es	8. Price of Derivative Security (Instr. 5)	ative Deriv ity Secu	
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title N of	lumber			

Reporting Owners

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
PLATT DANIEL B 10250 CONSTELLATION BLVD. SUITE 1640 LOS ANGELES, CA 90067	Х					
Signatures						
/s/ Daniel Platt 04/09/2014						

<u>**</u>Signature of Reporting Person

Ś

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).
- Represents the number of shares of Issuer's common stock that were issued to Reporting Person in settlement of performance-based
 (1) restricted stock awards that vested on April 7, 2014 in connection with the merger of CapitalSource Inc. with and into the Issuer (the "Merger") and pursuant to the Issuer's 2003 Stock Incentive Plan (the "Plan").

Represents the number of shares of Issuer's common stock that Reporting Person surrendered to Issuer for the satisfaction of Reporting(2) Person's tax withholding obligation upon the settlement of performance-based restricted stock awards that vested on April 7, 2014 in connection with the Merger and pursuant to the 2003 Plan.

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.