Edgar Filing: WAGERS GARY W - Form 4

WAGERS	GARY W									
Form 4										
May 17, 20	13									
FORM	ЛД							OMB AF	PROVAL	
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287	
Check t			C					Expires:	January 31,	
if no los subject		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							2005	
Section		SECURITIES Estimated average burden hours per						•		
Form 4	or							response	0.5	
Form 5	Filed pu	rsuant to Se	ection 16(a) c	of the Secur	ities Ex	change	Act of 1934,			
obligati may co		(a) of the Pu	ublic Utility I	Holding Co	mpany	Act of	1935 or Section			
See Inst		30(h) o	f the Investm	nent Compa	ny Act	of 1940)			
1(b).										
(Print or Type	Responses)									
1. Name and	Address of Reporting	Person <u>*</u>	2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
WAGERS GARY W			Symbol				Issuer			
			BANNER CO	ORP [BAN]	R1					
(Last)	(First)		B. Date of Earlie	-	-		(Check	all applicable)	
(Last)	(Plist)	· · · ·			1		Director	10%	Owner	
10 SOUTH	I FIRST AVE		(Month/Day/Year) 05/16/2013				Director 10% Owner X Officer (give title Other (specify			
10 500 11		(05/10/2015				below)	below)		
							Executive	V.P. Banner E	lank	
	(Street)	2	If Amendmen	t, Date Origin	al	(6. Individual or Joi	nt/Group Filin	g(Check	
		I	Filed(Month/Day	/Year)			Applicable Line)			
						-	_X_ Form filed by O Form filed by M			
WALLA V	VALLA,, WA 993	362				-	Person		porting	
(City)	(State)	State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of	2. Transaction Date	e 2A. Deemee	1 3.	4. Securi	ties Acqu	uired (A)	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution I	Date, if Transa	actiomr Dispo	sed of (D))	Securities	Ownership	Indirect	
(Instr. 3)		any	Code	(Instr. 3,	4 and 5)		Beneficially	Form:	Beneficial	
		(Month/Day	/Year) (Instr.	8)			Owned	Direct (D)	Ownership	
							Following Reported	or Indirect (I)	(Instr. 4)	
					(A)		Transaction(s)	(Instr. 4)		
			Code	V Amount	or (D)	Price	(Instr. 3 and 4)			
Common			Code	v Amount	(D)	Thee				
Stock,										
\$.01 per	05/16/2013		А	0.262	A \$	6	11,629 (2)	D		
value per	00/10/2010		11	0.202	3	3.7611	11,029	D		
share $\frac{(1)}{(1)}$										

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.

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 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Under Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 0	Director	10% Owner	Officer	Other			
WAGERS GARY W 10 SOUTH FIRST AVE WALLA WALLA,, WA 99362			Executive V.P. Banner Bank				
Signatures							

/s/ Gary Wagers	05/17/2013
**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) Award pursuant to deferred compensation agreement; settled in stock at termination of service.
- (2) Includes direct ownership of 864 shares through Deferred Compensation Plan and 452 shares through Employee Stock Ownership 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.