Edgar Filing: ZIONS BANCORPORATION /UT/ - Form 4

ZIONS BAN Form 4 April 28, 20	NCORPORATIO 08	N /UT/											
FORM											OMB A	PPROVAL	
	UNITED	STATES		RITIE shing					GE CC	OMMISSION	OMB Number:	3235-0287	
if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr	Check this box if no longer subject to Section 16. Form 4 or							Expires: January 31, 2005 Estimated average burden hours per response 0.5					
1(b). (Print or Type	Responses)												
1. Name and Address of Reporting Person * 2.1 BLACKFORD DAVID E Symmetry ZIC ZIC										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) ONE SOUT	TH MAIN STRE	(Middle) ET,	3. Date o (Month/I 04/24/2	Day/Yea		ransacti	ion			Director _X Officer (give t elow) Exec Vice Pres	title X_Oth below)		
				Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	lo I - N	on-F	Dorivot	ivo Sa	ocuriti		red, Disposed of,	or Bonoficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deen	ned 1 Date, if	3.	actio 8)		euritie posec 3, 4 a	s Acqı l of (D	uired (A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	02/13/2008			J <u>(1)</u>	V	141.4		A	\$ 51.68	2,933.538	Ι	By 401(k) Plan	

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo Num Share
Stock Option (right to buy)	\$ 47.29	04/24/2008		A	44,000	04/24/2009 <u>(2)</u>	04/23/2015	Common Stock	44
Deferred Comp	\$ 0 <u>(3)</u>	02/14/2008		J <u>(4)</u> V	1,437.95	(5)	(5)	Common Stock	1,43

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Reporting Owners

Reporting Owner Name / Address		Relationships							
	Director	10% Owner	Officer	Other					
BLACKFORD DAVID E ONE SOUTH MAIN STREET, 15TH FLOOR SALT LAKE CITY, UT 84111			Exec Vice President	Subsidiary Pres.					
Signatures									
By Thomas E. Laursen as attorney in fact	04/28/200	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).
- (1) Employer profit sharing distribution.
- (2) Options granted under the Zions Bancorporation 2005 Stock Option and Incentive Plan. Options vest 33% per year for 3 years.
- (3) Each unit represents one share of the company's Common Stock.
- (4) This amount represents Employer profit sharing distributions attributable to deferred compensation amounts and compensation in excess of IRS limitations.
- (5) Units are paid out in cash or stock upon date or age elected at time of deferral, or upon termination of employment.
- (6) Includes shares acquired pursuant to Dividend Reinvestment.

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.