#### Edgar Filing: ZIONS BANCORPORATION /UT/ - Form 4

#### ZIONS BANCORPORATION /UT/

Form 4

October 24, 2008

## FORM 4

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

OMB Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

3235-0287

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**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue.

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

burden hours per response...

Estimated average

Form: Direct Indirect

See Instruction 1(b).

Security

(Print or Type Responses)

1. Name and Address of Reporting Person * BUCHANAN DANNE L			2. Issuer Name and Ticker or Trading Symbol ZIONS BANCORPORATION /UT/ [ZION]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) ONE SOUTH I	(First) (Middle)  JTH MAIN STREET,  OOR		3. Date of Earliest Transaction (Month/Day/Year) 10/22/2008	Director 10% Owner Sofficer (give title Other (specify below) Executive Vice Pres.			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SALT LAKE CITY, UT 84111				Form filed by More than One Reporting Person			

(City)	(State)	(Zip)	Table I - Nor	n-Derivative Securities Acq	uired, Disposed o	of, or Beneficially Owned
1.Title of	2. Transaction D	ate 2A. Deemed	3.	4. Securities Acquired	5. Amount of	6. Ownership 7. Nature of

(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	(Instr. 3, 4	(A) or		Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
Common Stock	10/22/2008		Code V S	Amount 5,412	(D)	Price \$ 32.05	11,596	D	
Common Stock	10/22/2008		S	6,000	D	\$ 33.34	3,957.924	I	By 401(k) Plan

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

(Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D)

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.

SEC 1474

(9-02)

Securities

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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	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Title		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	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Excicisable	Date		of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

**BUCHANAN DANNE L** ONE SOUTH MAIN STREET, 15TH FLOOR SALT LAKE CITY, UT 84111

Executive Vice Pres.

## **Signatures**

By Thomas E. Laursen as attorney in fact

10/24/2008

\*\*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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