ZIONS BANCORPORATION /UT/

Form 4/A

December 12, 2008

Check this box

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

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per

OMB APPROVAL

response...

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

(Print or Type Responses)

1. Name and Address of Reporting Person * **DENT GERALD J**

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

ZIONS BANCORPORATION /UT/

(Check all applicable)

[ZION]

(Last) (First) 3. Date of Earliest Transaction

Director 10% Owner X_ Officer (give title Other (specify

6. Individual or Joint/Group Filing(Check

(Month/Day/Year)

04/24/2008

04/28/2008

Exec. Vice President

ONE SOUTH MAIN STREET. 15TH FLOOR

(Street)

(State)

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person

Form filed by More than One Reporting

(Zip)

(Middle)

below)

SALT LAKE CITY, UT 84111

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)

(City)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

3. Code (Month/Day/Year)

4. Securities TransactionAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

Reported

Transaction(s) (Instr. 3 and 4)

or Code V Amount (D) Price

(A)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 Conversion 3. Transaction Date 3A. Deemed

5. Number of (Month/Day/Year) Execution Date, if TransactionDerivative

6. Date Exercisable and **Expiration Date**

7. Title and Amount of **Underlying Securities**

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(Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	(Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
	-			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Deferred Comp	\$ 0 (1)	02/14/2008		J(2)	V	5,312.6814 (3)		<u>(4)</u>	<u>(4)</u>	Common Stock	5,312.6

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

DENT GERALD J ONE SOUTH MAIN STREET, 15TH FLOOR SALT LAKE CITY, UT 84111

Exec. Vice President

Signatures

By Thomas E. Laursen as attorney in fact 12/12/2008

**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).
- (1) Each unit represents one share of the company's Common Stock.
- (2) This amount represents Employer profit sharing distributions attributable to deferred compensation amounts and compensation in excess of IRS limitations.
- (3) Amendment. The Form 4 filed on 4/28/2008 inadvertantly reported an incorrect number of shares acquired due to an error by the plan's third-party administrator.
- (4) Units are paid out in cash or stock upon date or age elected at time of deferral, or upon termination of employment.
- (5) 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.

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