Edgar Filing: ZIONS BANCORPORATION /UT/ - Form 4

| ZIONS BAN Form 4 June 03, 2009 | CORPORATION | /UT/ | | | | | | | | |
|---|--|--|--|------------------------|---|------------|---|--|--------------------------------|--|
| FORM | 4 | | | | | | ~ ~ | | PPROVAL | |
| | - UNITED S | | SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | OMB Number: | 3235-0287 | |
| Check this if no longo subject to | er STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF | | | | | | | | January 31, 2005 average | |
| Section 16 Form 4 or | n 16. SECURITIES | | | | | | burden hou | • | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | Filed pursu s Section 17(a) | uant to Section 1) of the Public Ut 30(h) of the In | tility Hold | ing Com | pany | Act o | f 1935 or Sectio | response n | 0.5 | |
| (Print or Type R | esponses) | | | | | | | | | |
| QUINN STEPHEN D S: | | | 2. Issuer Name and Ticker or Trading Symbol ZIONS BANCORPORATION /UT/ [ZION] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | | Insaction | | | X_Director10% Owner Officer (give titleOther (specify below) below) | | | |
| | (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 | E CITY, UT 8413 | 3-1109 | | | | | | Aore than One Re | | |
| (City) | (State) (Z | Zip) Tabl | e I - Non-Do | erivative S | ecuri | ties Ac | quired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | 3. Transactio Code (Instr. 8) Code V | Disposed (Instr. 3, | (A) o of (D |) | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 06/02/2009 | | A | 4,778 | (D) A | <u>(1)</u> | 6,884.161 <u>(2)</u> | D | | |

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) | 3. Transaction Date (Month/Day/Year) | 4. Transac Code (Instr. 8 | 5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Under Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|------------------------------------|--|---------------------|--------------------|----------------|--|---|--|
| | | Code Y | V (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| QUINN STEPHEN D ONE SOUTH MAIN STREET, 15TH FLOOR SALT LAKE CITY, UT 84133-1109 | Х | | | | | | |
| Signatures | | | | | | | |
| By Thomas E. Laursen as attorney in fact | 06/03/200 | 9 | | | | | |

<u>**</u>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) Restricted shares granted under the Zions Bancorporation 2005 Stock Option and Incentive Plan. Restricted shares fully vest on October 2, 2009.
- (2) 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.