## Edgar Filing: Linardakis Connie - Form 4

Linardakis Co	onnie										
Form 4											
November 23	3, 2010										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287		
Check this if no long	er		~~~	~		~~ .			Expires:	January 31 2005	
subject to Section 16 Form 4 or	ENT OF		SECUR	Estimated burden ho response.	average urs per						
Form 5 obligation may conti <i>See</i> Instru 1(b).	nue. Section 17(a	) of the P	ublic Ut		ing Com	ipany	Act o	ge Act of 1934, of 1935 or Section 140	on		
(Print or Type R	esponses)										
1. Name and Ad Linardakis C	2	2. Issuer Name <b>and</b> Ticker or Trading Symbol ZIONS BANCORPORATION /UT/					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			[ZION]								
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 11/19/2010					Director 10% Owner X Officer (give title Other (specify below) below) Executive Vice President					
				If Amendment, Date Original led(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
SALT LAKE	E CITY, UT 8413	3-1109						Form filed by Person	More than One F	Reporting	
(City)	(State) (	Zip)	Table	e I - Non-Do	erivative S	Securi	ities Ac	quired, Disposed	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	(Month/Day/Year) Execution		Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) o of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial	
Common Stock	11/19/2010			A	90 <u>(1)</u>	A A	\$ 0	20,479	D		
Common Stock								1,783.768	I	By 401(k) Plan	
Common Stock								2,334	I	Custodian for minor children	

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 (9-02)

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#### 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. Transactio Code (Instr. 8)	5. 6. Date Exercisable and Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
Repo	rtina O	wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Linardakis Connie ONE SOUTH MAIN, 15TH FLOOR SALT LAKE CITY, UT 84133-1109			Executive Vice President					
Signatures								
By Thomas E. Laursen as attorney in fact		11/23/2010						
**Signature of Reporting Person		Date						
Evenlage attended Deene		_						

# 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).

These shares are issuable in respect of restricted stock units that represent a portion of the reporting person's salary, net of withholdings and deductions, and that were issued under the Zions Bancorporation 2005 Stock Option and Incentive Plan. For more information, please

(1) see the Current Report 8-K filed by Zions Bancorporation on December 28, 2009. Restricted stock units are 100% vested on the date of grant but are subject to transfer restrictions that lapse in two annual installments beginning on January 15, 2011 and that lapse in full on the reporting person's earlier death.

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.