Edgar Filing: CITY NATIONAL CORP - Form 4

CITY NATIO	ONAL CORP												
Form 4													
February 18,	2015												
FORM	14				~		~~~ .				OMB APPROVAL		
UNITED STATES S				SECURITIES AND EXCHANGE COMMISSIC Washington, D.C. 20549						OMB Number:	3235-0287		
Check this box if no longer										Expires:	January 31,		
subject to		EMENT O	F CHAN			BENEFICIAL OWNERSHIP OF			Estimated average				
Section 1		SECURITIES								burden hours per			
Form 4 o Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response 0.5				
obligation		•						U					
may cont	inue. Section		of the In	•		•	· ·		1935 or Section	1			
See Instru 1(b).	uction	50(II)	of the m	vestin		compan	y Ac	101194	-0				
(Print or Type I	Responses)												
1. Name and Address of Reporting Person *2. Issuer Name and Ticker or TraFitzmaurice BrianSymbol					Tradiı	ng	5. Relationship of Reporting Person(s) to Issuer						
•				NATIONAL CORP [CYN]				[N]	(Check all applicable)				
(Last) (First) (Middle) 3. Date of				Earliest Transaction				(Chech	leek an applicable)				
(Month/D				Day/Year)					Director		Owner		
	IONAL BANH 5T., 16TH FL.	X, 555 S.	02/16/2	015					X Officer (give below) EVP & C	title Othe below) Chief Credit Off	er (specify ficer		
	(Street)		4 If Ame	ndment	Dat	e Origina							
· · · · · · · · · · · · · · · · · · ·			mendment, Date Original Aonth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)					
					,				_X_ Form filed by C				
LOS ANGE	ELES, CA 900	71							Form filed by M Person	Iore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - No	n-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of						4. Securi			5. Amount of	6. Ownership			
Security	(Month/Day/Ye	Month/Day/Year) Execution Date, if			action	n(A) or Di	•		Securities Beneficially	Form: Direct	Indirect Beneficial		
(Instr. 3)		any (Month/Day/Year)				(Instr. 3,	4 and	3)	Owned	(=) ••• = ••••••	Ownership		
		((Instr. 8)				Following	(Instr. 4) (Instr. 4)	(Instr. 4)		
							(A)		Reported Transaction(s)				
							or		(Instr. 3 and 4)				
Common				Code	V	Amount	(D)	Price \$					
Stock	02/16/2015			F		1,911	D	\$ 90.32	48,342 <u>(1)</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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V		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				
Fitzmaurice Brian CITY NATIONAL BANK 555 S. FLOWER ST., 16TH FL. LOS ANGELES, CA 90071			EVP & Chief Credit Officer					

Signatures

/s/ Brian Fitzmaurice 02/18/2015

<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) Includes 5,931 shares of City National Corporation common stock held in Reporting Person's City National Corporation Profit Sharing Plan as of January 31, 2015.

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.