Edgar Filing: STERLING FINANCIAL CORP /WA/ - Form 4

STERLING FINANCIAL CORP /WA/ Form 4 December 07, 2007

Common

Stock

12/06/2007

December 07, 2007 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5				
(Print or Type]	Responses)											
BUTTERFIELD ROBERT G Symbol STER				ssuer Name and Ticker or Trading bol ERLING FINANCIAL CORP A/ [STSA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Month/				ate of Earliest Transaction nth/Day/Year) 05/2007					Director 10% Owner X Officer (give title Other (specify below) below) Section 16 Officer			
				mendment, Date Original Month/Day/Year)				Ĺ	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SPOKANE, WA 99201 Form filed by More than One Reporting Person								porting				
(City)	(State)	(Zip)	Tabl	e I - No	on-D	erivative	Secur	ities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	Code (Instr.	8)	4. Securi n(A) or Di (Instr. 3,	sposed 4 and 3 (A) or	l of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	12/05/2007	12/05/20	007			Amount 4,009	, í	Price \$ 0	4,792	Ι	401K	
Common Stock	12/05/2007	12/05/20	007	J <u>(2)</u>		1,000	D	\$ 18.46	3,792	Ι	401K	
Stock Common				J <u>(1)</u>			or (D) A		Reported Transaction(s) (Instr. 3 and 4) 4,792	(Instr. 4)	401K	

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

 $J^{(2)}$

12/06/2007

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

1,092

Ι

\$

19.265

2,700 D

401K

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Under Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BUTTERFIELD ROBERT G 111 N. WALL STREET SPOKANE, WA 99201			Section 16 Officer					
Signatures								
Daniel G. Byrne 12	/07/2007							

Reporting Person Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (2) STSA shares exchanged within company 401K plan.
- (1) To balance 401(k) share ownership at 12/5/2007. -- This footnote reflects the shares owned by the employee as well as the company match at 12/5/2007.

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.

**Signature of