## Edgar Filing: COBIZ FINANCIAL INC - Form 4

COBIZ FINA	ANCIAL INC												
Form 4													
December 16	5, 2016												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL				
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549								OMB Number:	3235-0287				
Check this box				U						Expires:	January 31,		
subject to	if no longer subject to STATEMENT OF CHAN				NI	BENEFI	CIA	LOW	NERSHIP OF		2005 average		
Section 1						ITIES				Estimated average burden hours per			
Form 4 o										response 0.5			
Form 5 obligation	nc -							-	e Act of 1934,				
may cont				•		•			1935 or Sectior	1			
<i>See</i> Instru 1(b).	uction	30(h) c	of the In	vestme	ent (	Compan	y Aci	t of 194	.0				
(Print or Type F	Responses)												
DUMLAO TROY Symbol				ssuer Name <b>and</b> Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer				
				FINA	NCI	IAL INC	[CC	BZ]	(Checl	k all applicable	)		
(Last)	(First) (N	fiddle)	3. Date of	Earliest	t Tra	ansaction			(Cheer	x an appneable	)		
				/Day/Year)					Director 10% Owner				
1401 LAWI	RENCE ST., STE	.1200	12/15/20	016					XOfficer (give below) SVP & Chie	title Othe below) ef Accounting (	r (specify Officer		
	(Street)		4. If Ame	ndment,	Dat	e Original			6. Individual or Jo	int/Group Filin	g(Check		
				lonth/Day/Year)					Applicable Line)				
DENVER, O	CO 80202								_X_ Form filed by O Form filed by M Person				
(City)	(State)	(Zip)			_		~						
(eny)	(State)	(24)	Tabl	e I - Noi	n-De	erivative S	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of				1					5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	Execution any	on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)						Securities Beneficially	Indirect (I) Own	Indirect Beneficial		
(11511-0)		(Month/Da						.,	Owned		Ownership		
									Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported Transaction(s)				
				Cal	17	A	or	D.:'	(Instr. 3 and 4)				
Common					V	Amount	(D)	Price \$					
Stock	12/15/2016			S		300	D	, 16.95	16,887	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	Date	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	Title	Or Number		
						Exercisable	Date	The	Number of		
				Code V	$(\Lambda)$ (D)						
				Code v	(A) (D)				Shares		
_											

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
DUMLAO TROY 1401 LAWRENCE ST., STE.1200 DENVER, CO 80202			SVP & Chief Accounting Officer				
Signatures							
By: Lyne Andrich For: Troy Dumlao	12/	16/2016					

\*\*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).

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.