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WRIGGLESV Form 4 June 15, 2009	WORTH WILLIAM J										
							OMB APPROVAL				
Washington, D.C. 20549							OMB Number:	3235-0287			
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation	Filed pursuant to	CMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ursuant to Section 16(a) of the Securities Exchange Act of 1934,					Expires: Estimated a burden hour response				
may contin See Instruct 1(b).	nue. $3ection 17(a) of the 20(1)$	e Public Utility Ho a) of the Investmer	•	- ·			n				
(Print or Type Ro	esponses)										
1. Name and Ac WRIGGLES	Symbol	er Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer						
		/WA/ [STSA]	STERLING FINANCIAL CORP /WA/ [STSA]				(Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/D 1111 N. WALL STREET 06/11/20			Transaction			Director10% Owner Officer (give titleX Other (specify below) Director-Sterling Savings Bank					
	4. If Amendment, I Filed(Month/Day/Ye	-	l		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
SPOKANE, WA 99201											
(City)	(State) (Zip)	Table I - Non	-Derivative	Securi	ties Acq	uired, Disposed of	, or Beneficiall	y Owned			
	2. Transaction Date 2A. De (Month/Day/Year) Execut any (Month	ion Date, if Transac Code	Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)		l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Common Stock	06/11/2009	Code P	V Amount 3,000	(D) A	Price \$ 3.868	(Instr. 3 and 4) 13,621	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)

		3. Transaction Date (Month/Day/Year)	e 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners									
Reporting Owner Name / Address Director 10% Owner					e lationships er Other	}					
111 N. W	LESWORTH ALL STRE JE, WA 992		Director-Sterling Savings Bank								
Signa											
/s/ Rober	rt G. Butterfi	ield									

/s/ Robert G. Butterfield, Controller

**Signature of Reporting Person

06/15/2009

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.

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