VALLEY NATIONAL BANCORP

Form 4

February 03, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Expires: January 31, 2005
Estimated average

Form 4 or Form 5 obligations may continue.

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

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SECURITIES

response... 0.5

burden hours per

5 Relationship of Reporting Person(s) to

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

| ESKOW ALAN D | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | g | S. Relationship of Reporting Person(s) to Issuer | | | |
|--------------------------------------|---|---------------|--|-----------|---|-------------------|-------|---|---|------------------|----------|--|
| | | | VALLEY NATIONAL BANCORP [VLY] (Check all applicable) | | | | | ·) | | | | |
| (Last) | (First) (I | Middle) | 3. Date of (Month/D | | rliest TransactionX Director 10% Owner Year)X Officer (give title Other (specify | | | | | | | |
| 1455 VALL | EY ROAD | | 01/30/20 |)15 | | | | | below) below) Senior EVP & CFO, Director | | | |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| WAYNE, N | J 07470- | | | | | | | | Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Table | e I - No | n-D | erivative S | ecuri | ties Acq | uired, Disposed o | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | Execution Date, if | | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or | | | Beneficially (D) or Owned Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Common Stock (1) | 01/30/2015 | | | Code A | V | Amount 98,360 (2) | (D) | Price \$ 0 | 319,643 | D | | |
| Common Stock (1) | 02/02/2015 | | | F | | 5,999 | D | \$ 9.08 | 313,644 | D | | |
| Common Stock (1) | 02/02/2015 | | | F | | 4,371 | D | \$ 9.08 | 309,273 | D | | |
| Common Stock (1) | 02/02/2015 | | | F | | 3,225 | D | \$ 9.08 | 306,048 | D | | |
| Common Stock (1) | 01/12/2015 | | | G | | 540 | D | \$0 | 305,508 | D | | |
| | | | | | | | | | | | | |

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| Common Stock | 51,796 | I | Spouse |
|--------------------------------|--------|---|----------|
| Common Stock (Roth IRA) | 10,578 | D | |
| Common Stock (1) | 1,310 | I | Ira/wife |
| Common Stock (401k Plan) | 4,845 | D | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(9-02)

9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | Date Exer | cisable and | 7. Tit | le and | 8. Price of |
|------------------------------|-------------|---------------------|--------------------|-----------|------------------|-----------------------------|-------------|--------|------------|-------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transac | ctionNumb | er Expiration I | Date | Amou | unt of | Derivative |
| Security | or Exercise | | any | Code | of | (Month/Day | /Year) | Unde | rlying | Security |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8 | 3) Deriva | ntive | | Secur | rities | (Instr. 5) |
| | Derivative | | | | Securi | ties | | (Instr | . 3 and 4) | |
| | Security | | | | Acqui | red | | | | |
| | | | | | (A) or | | | | | |
| | | | | | Dispos | sed | | | | |
| | | | | | of (D) | | | | | |
| | | | | | (Instr. | 3, | | | | |
| | | | | | 4, and | 5) | | | | |
| | | | | | | | | | A | |
| | | | | | | | | | Amount | |
| | | | | | | Date | Expiration | TT:41 | or | |
| | | | | | | Exercisable | Date | Title | Number | |
| | | | | G 1 | T 7 (A) (| D) | | | of | |
| | | | | Code | V (A) (| D) | | | Shares | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|----------------------------|-------|--|--|--|--|
| reporting owner runner runners | Director | 10% Owner | Officer | Other | | | | |
| ESKOW ALAN D 1455 VALLEY ROAD WAYNE, NJ 07470- | X | | Senior EVP & CFO, Director | | | | | |

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Signatures

/s/ ALAN D. ESKOW

02/02/2015

**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) Adjusted for additional shares acquired through Dividend Reinvestment Plan.
 - (1)This amount represents the following grants under the Valley National Bancorp 2009 Long Term Incentive Stock Plan: (i) 24,590 restricted shares subject to time-based vesting which are scheduled to vest in equal annual increments beginning on the first anniversary
- (2) of the grant date and (ii) 73,770 restricted stock units subject to performance-based vesting conditions over a three-year period, all of which may be forfeited in the event performance conditions are not satisfied (this amount represents the maximum number of shares that may be earned pursuant to this RSU award).
- (3) Holdings under the Valley 401K Plan has been updated to reflect reporting person's balance in the Plan.

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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