#### VALLEY NATIONAL BANCORP

Form 5

January 21, 2015

# FORM 5 UNITED STATES SECURITIES AND EVOLANCE COMMISSION OMB

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

Washington

Washington

ANNUAL STATEMENT OF

OWNERSHIP OF

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

See Instruction
1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Reported Form 4 30(h) of the Investment Company Act of 1940

Transactions Reported

Common

Stock

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ÂÂ

2,385

I (1)

may continue.

1. Name and Address of Reporting Person * ABRAMSON ANDREW B			2. Issuer Name and Ticker or Trading Symbol VALLEY NATIONAL BANCORP [VLY]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	(First) (M	(Mo	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014				_X_ Director 10% Owner Other (specify below)			
1455 VALL	EY ROAD	- <b>-</b> -	.01,201							
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					(	6. Individual or Joint/Group Reporting  (check applicable line)				
WAYNE,Â						-	_X_ Form Filed by Form Filed by Person	One Reporting Po		
(City)	(State)	(Zip)	Table I - Non-De	rivative Sec	curitie	s Acqu	ired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Da			d (A) o		5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect Beneficial	
(instr. 5)		any (Month/Day/	Code Year) (Instr. 8)	Disposed (Instr. 3,	4 and (A) or		Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	(D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock	01/08/2014			(Instr. 3,	4 and (A) or	5)	Owned at end of Issuer's Fiscal Year	Indirect (I)	Ownership	
Common	01/08/2014 01/21/2015	(Month/Day/	Year) (Instr. 8)	(Instr. 3,	4 and (A) or (D)	5) Price	Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	

Wife - Ira

3235-0362

January 31,

2005

1.0

Number:

Expires:

response...

Estimated average

burden hours per

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Common Stock (IRA)	Â	Â	Â	Â	Â	Â	9,447	D (1)	Â
Common Stock	Â	Â	Â	Â	Â	Â	11,387	I (1)	Wife Trustee

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.

SEC 2270 (9-02)

## 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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
ABRAMSON ANDREW B 1455 VALLEY ROAD WAYNE, NJ 07470-	ÂX	Â	Â	Â			

## **Signatures**

/s/ ANDREW B. ABRAMSON 01/21/2015

\*\*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.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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