**BANNER CORP** Form 4/A February 27, 2014

## FORM 4

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

OMB

**OMB APPROVAL** 

Number: Expires:

3235-0287 January 31,

2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16.

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

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

1(b).

(Print or Type Responses)

SMITH MICHAEL MARION			2. Issuer Name and Ticker or Trading Symbol BANNER CORP [BANR]						S. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	Middle)	3. Date of Earliest Transaction					(Check all applicable)					
10 SOUTH FIRST AVE			(Month/Day/Year) 02/19/2014						_X_ Director 10% Owner Coefficient (give title below) Other (specify below)				
WALLA V	(Street)  VALLA, WA 993	62	4. If Am Filed(Mo 02/20/2	onth/Day/		oate Original ar)	l	A - -	. Individual or Join Applicable Line) X_ Form filed by On Form filed by Morerson	e Reporting Per	rson		
(City)	(State)	(Zip)	Tak	ole I - No	on-	Derivative S	Securi	ities Acqui	red, Disposed of, o	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	3. Transac Code (Instr. 8	8)	4. Securitie on Disposed of (Instr. 3, 4)	f (D)		r 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, \$.01 par value per share (1)	02/19/2014			A		298.085 (2)	A	\$ 38.4327	, 22,636 (3)	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 (9-02)required to respond unless the form displays a currently valid OMB control number.

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# 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 Exerc	isable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Da	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or Number		
						Exercisable	Date		of		
				C-1- V	(A) (D)						
				Coae v	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
SMITH MICHAEL MARION 10 SOUTH FIRST AVE WALLA WALLA, WA 99362	X						

## **Signatures**

/s/ Michael M.

Reporting Person

Smith 02/27/2014

\*\*Signature of 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) Acquired pursuant to deferred compensation agreement; settled in stock at termination of service.
- (2) This amendment is being filed to reflect the correct number of shares that were credited to the participant's account.
- (3) Includes direct ownership of 6,406 shares through Deferred Compensation Plan and 1,285 shares through am IRA. Also includes indirect ownership of 7,142 shares through a company controlled by Mr. Smith and 2,285 shares through spouse's IRA.

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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