Edgar Filing: Worth Philip Jason - Form 4

Worth Philip Ja	ason											
Form 4												
April 26, 2019												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB AF	OMB APPROVAL				
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI							January 31,					
					TAT	OWN	NERSHIP OF	Expires:	2005			
subject to Section 16.		SECURITIES							Estimated average burden hours per response 0.5			
Form 4 or		SECOMITES										
Form 5	Filed pur	suant to	Section 16(a) of the S	Securitie	s Exc	hange	e Act of 1934,	response	0.5		
obligations	Section 17(1935 or Section	n			
may continu	ie.		of the Inve									
See Instruct 1(b).	1011	20(11)		Sument et	ompuny	1100 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ŭ				
1(0).												
(Print or Type Res	sponses)											
	lress of Reporting	Person [*]	2. Issuer N	ame and Ti	cker or Ti	ading		•	Reporting Person(s) to			
Worth Philip J	lason		Symbol					Issuer				
			WEST BA	ANCORPORATION INC				(Chaok all applicable)				
[W7				WTBA]				(Check all applicable)				
(Last)	(First) (I	Middle)	3. Date of E	arliest Trans	saction			X Director	10%	Owner		
(Month/Day				/Year)				Officer (give title Other (specify below)				
2819 SYLVANIA DRIVE 04/26/201				9				below)	below)			
(Street) 4. If Amenda Filed(Month/				ment, Date Original				6. Individual or Joint/Group Filing(Check				
				Day/Year)				Applicable Line)				
							One Reporting Person fore than One Reporting					
WEST DES M	IOINES, IA 50)266						Person	lore than One Ke	porting		
(City)	(State)	(Zip)	Table I	- Non-Der	ivative Se	curiti	es Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D	ate 2A. D	Deemed 3. 4. Securities				5. Amount of	6. Ownership 7. N	7. Nature of			
Security	(Month/Day/Yea	ar) Execu	ution Date, ifTransactionAcquired (A) or CodeCodeDisposed of (D)nth/Day/Year)(Instr. 8)(Instr. 8)(Instr. 3, 4 and 5)				Securities	Form: Direct				
(Instr. 3)		any					Beneficially	Indirect (I) Owners	Beneficial			
		(Mont				3, 4 and 5)				Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
COMMON	04/06/0010				2,000			10.004	D			
STOCK	04/26/2019			А	(1)	А	\$0	12,894	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)

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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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title Amoun Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	4, and 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			
Worth Philip Jason 2819 SYLVANIA DRIVE WEST DES MOINES, IA 50266	Х						
Signatures							
Jane Funk, By Power of Attorney	04/2						
** Signature of Reporting Person	I	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) Shares were acquired pursuant to a grant of restricted stock units which vest on April 23, 2020.

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.