Northwest Bancshares, Inc. Form 11-K June 29, 2010

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM 11-K

ANNUAL REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2009 OR

• TRANSITION REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from ______ to ______ Commission File Number 001-34582 A. Full title of the plan and the address of the plan, if different from that of the issuer named below: Northwest Retirement Savings Plan 100 Liberty Street Warren, Pennsylvania 16365 B. Name of issuer of the securities held pursuant to the plan and the address of its principal executive office: Northwest Bancshares, Inc. 100 Liberty Street Warren, Pennsylvania 16365

TABLE OF CONTENTS

SIGNATURES EX-23 EX-99

Table of Contents

FINANCIAL STATEMENTS AND EXHIBITS

The following financial statements and exhibits are filed as part of this annual report:

- Exhibit 23 Consent of Independent Registered Public Accounting Firm.
- Exhibit 99Financial Statements as of and for the years ended December 31, 2009 and 2008 and Supplemental
Schedule as of December 31, 2009 for the Northwest Retirement Savings Plan.

SIGNATURES

The Plan. Pursuant to the requirements of the Securities Exchange Act of 1934, the trustees (or other persons who administer the employee benefit plan) have duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

NORTHWEST RETIREMENT SAVINGS PLAN

Date: June 29, 2010

By: /s/ Julia W. McTavish Julia W. McTavish Senior Vice President, Plan Administrator

th="27%" valign="top" rowspan="2">6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)7. Nature of Indirect Beneficial Ownership (Instr. 4)CodeVAmount(A) or (D)Price Common Stock05/15/2012 A 4,284.5755 A \$ 0 12,308.7465 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)

| 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. Transa Code (Instr. | | 5. of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 3 | ate | 7. Title and A Underlying S (Instr. 3 and | Securities |
|---|---|---|---|---------------------------------|---|--|---------------------|--------------------|---|----------------------------------|
| | | | | Code | v | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |

8. Pr Deri Secu (Inst Phantom Stock \$ 0 $\underbrace{(1)}_{(1)} \qquad \underbrace{(1)}_{\text{Stock}} \qquad \underbrace{\text{Common}}_{\text{Stock}} \qquad 50,373.223$

Reporting Owners

RelationshipsReporting Owner Name / AddressDirector10% OwnerOfficerOtherDirector10% OwnerOfficerOtherWOO CAROLYN Y
801 E 86TH AVENUEXXYY801 E 86TH AVENUEXYYYMERRILLVILLE, IN 46410-6272XYYSignatures
Gary W. Pottorff, attorney-in-fact for Carolyn Y.
Woo05/16/2012

**Signature of Reporting Person

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) The reported phantom stock units were acquired under the NiSource Inc. 2010 Omnibus Incentive Plan and are to be settled upon the reporting person's retirement or other termination of service.

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.

Date