## Edgar Filing: HEBENSTREIT JAMES B - Form 4

	EIT JAMES B											
Form 4												
November 02												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi	s box		vv az	sinigton,	D.C. 20	549				January 31,		
if no longer STATEMENT OF CHANCES IN BENEFICIAL OWNERSHIP OF								Expires. 2005				
subject to Section 16. SECURITIES							Estimated a	•				
	Form 4 or							burden hours per response 0.5				
Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								•			
obligation may cont		a) of the	Public Ut	tility Hold	ling Con	npan	y Act of	1935 or Section	n			
See Instru		30(h)	of the In	vestment	Compan	iy Ac	t of 194	0				
1(b).												
(Drint or Tuno F	Pasmonsos)											
(Print or Type R	(esponses)											
1. Name and Address of Reporting Person <sup>*</sup> _2. Issuer Name <b>and</b> Ticker or Trading 5. Relationship of						Reporting Pers	son(s) to					
HEBENSTREIT JAMES B Symbol				Thanke and Ticker of Trading				Issuer				
COMMERCE BANCSHARES INC												
						(Chec	ck all applicable)					
(Last)	(First) (N	/liddle)	3. Date of	Earliest Tra	ansaction			_X_ Director	10%	Owner		
(Month/D			Day/Year)			Officer (give title Other (specify below)						
1000 WALNUT ST., 7TH FLOOR 10/31/2012					Delow)							
(Street) 4. If Ame			ndment, Date Original				6. Individual or Joint/Group Filing(Check					
				nth/Day/Year)				Applicable Line)				
_X_ Form filed by One Reporting Person         Form filed by More than One Reporting												
KANSAS C	ITY, MO 64106							Person		porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	rities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date			3.	4. Securi			5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	Executio any	on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Securities Beneficially	Form: Direct (D) or	Direct Indirect Beneficial		
(1130.3)		•	Day/Year)	(Instr. 8)	(insu: 5,	+ anu	5)	Owned	Indirect (I)	Ownership		
			-					Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or	D.	(Instr. 3 and 4)				
Common				Code V		(D)	Price \$					
Stock	10/31/2012			А	151	А	φ 38.08	49,420	D			
							20.00					
Common								4,658	Ι	Ira		
Stock												

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.

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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 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. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relations						
	Director	10% Owner	Officer	Other				
HEBENSTREIT JAMES B 1000 WALNUT ST., 7TH FLOOR KANSAS CITY, MO 64106	Х							
Signatures								
By: Jeffery D. Aberdeen For: James Hebenstreit	В.	B. 11/02/2012						
<b>**</b> Signature of Reporting Person			Date					
Explanation of Responses:								
* If the form is filed by more than one reporting person, <i>see</i> Instruction $4(b)(v)$ .								

\* 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).

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.