## Edgar Filing: CITY NATIONAL CORP - Form 4

CITY NATIONA	L CORP										
Form 4											
April 24, 2015											
FORM 4			GEOU	DITIEC				т	PPROVAL		
		STATES		shington			E COMMISSIO	OMB Number:	3235-0287		
Check this box if no longer								Expires:	January 31, 2005		
subject to Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Estimated average burden hours per										
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	-	a) of the I	Public U	Itility Hol	lding Coi		nge Act of 1934, of 1935 or Section 940	·			
(Print or Type Respor	nses)										
1. Name and Address of Reporting Person <u>*</u> Israni Ashok			2. Issuer Name <b>and</b> Ticker or Trading Symbol CITY NATIONAL CORP [CYN]				5. Relationship of Reporting Person(s) to Issuer				
							(Check all applicable)				
(Last) (	First) (1	Middle) 3. Date of Earliest Transaction (Month/Day/Year)X_Di				X Director	109	% Owner			
C/O CITY NATI CORPORATION STREET		OWER	04/22/2	2015			Officer (giv below)	e title Oth below)	ner (specify		
				4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting				
	State)	(Zip)					Person				
(City) (i	State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	nsaction Date th/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, -	(A) or of (D)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report on	a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					Perso inforr requi	ons who res nation con red to resp ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible	Beneficially Owned securities)	1			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price c
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	of	Expiration Date	Underlying Securities	Derivativ

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr.	8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		Security (Instr. 5)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Fund Units (DDCP)	<u>(1)</u>	04/22/2015		Α		442 ( <u>3</u> )		(2)	(2)	Common Stock	442 <u>(3)</u>	\$ 93.1

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Israni Ashok C/O CITY NATIONAL CORPORATION 555 S. FLOWER STREET LOS ANGELES, CA 90071	Х							
Signatures								
/s/ Corinna Cherian, Attorney-in-Fact	04/23/201	5						
<u>**</u> 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).
**	Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
(1)	These Stock Fund Units were acquired under the Director Deferred Compensation Plan (DDCP) and convert to stock on a one-for-one basis.

- (2) The Stock Fund Units are generally distributed upon termination, or following retirement on the date or dates specified by the reporting person.
- (3) The actual number of stock fund units awarded was approximately 442.6440 and, therefore, the aggregate number of stock fund units currently beneficially owned by the reporting person is approximately 4,998.1677.

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.