## Edgar Filing: CVB FINANCIAL CORP - Form 4

CVB FINAN	CIAL CORP												
Form 4													
March 26, 20	10												
<b>FORM</b>	Δ										PPROVAL		
	UNITED	<b>STATES</b>		ITIES A hington				IGE (	COMMISSION	OMB Number:	3235-0287		
Check this				U						Expires:	January 31,		
if no longe subject to	er STATE	MENT O	F CHAN	GES IN	ES IN BENEFICIAL OWNERSHI					•	2005		
	Section 16. SECURITIES									Estimated average burden hours per			
	Form 4 or									response			
Form 5	· ·							•	e Act of 1934,				
obligation may contin				•					f 1935 or Section	n			
See Instruction 1(b).		30(h)	of the Inv	vestment	t Co	mpany	Y Act	of 194	40				
(Print or Type R	esponses)												
1. Name and Ac KRUSE RO	ddress of Reporting	g Person <u>*</u>	Symbol	Name <b>an</b>			-	-	5. Relationship of Issuer	Reporting Pers	son(s) to		
				NANCIAL CORP [CVBF]				[יונ	(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of		ransa	action			V. D.	100	0		
701 N. HAV	EN AVE #350		(Month/Da 03/24/20	-					X_ Director Officer (give below)		o Owner er (specify		
	(Street)		4. If Amer	ndment, D	ate C	Driginal			6. Individual or Jo	oint/Group Filir	1g(Check		
			Month/Day/Year)					Applicable Line)					
ONTARIO,	CA 91764			·					_X_ Form filed by C Form filed by M Person				
(City)	(State)	(Zip)											
(City)	(State)	(Zip)	Table	e I - Non-l	Deriv	vative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Executio any	med on Date, if Day/Year)	3. Transact Code (Instr. 8)	tion(A (E	A) or Dis	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Comm				Code V	V A	mount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	03/24/2010			G	4	7,250	D	\$0	1,643,002	Ι	By Trust		

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)	4. Transac Code (Instr. 8	ction 0 3) E S A (, C 0 ()	onNumber of		3		Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code '	V (.	(A) (I	D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addr	ess			
F8	Director	10% Owner	Officer	Other
KRUSE RONALD O 701 N. HAVEN AVE #350 ONTARIO, CA 91764	Х			
Signatures				
Ronald O Kruse	03/26/2010			
**Signature of Reporting Person	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).

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.