Johnson Shannon Andresen Form 4

February 11, 2019

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

0.5

Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

burden hours per response...

Estimated average

See Instruction 1(b).

Stock

(Print or Type Responses)

| (Last) (First) (Middle) | | | 2. Issuer Name and Ticker or Trading Symbol UMB FINANCIAL CORP [UMBF] 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2019 | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|--------------------------------|------------------------------------|---------------|--|--|---------------------------------------|---|----------------|--|---|----------|--|--|
| | | | | | | | | (Check all applicable) | | | | |
| | | | | | | | | Director 10% Owner Selection Officer (give title Other (specify below) below) EVP/Chief HR Officer | | | | |
| | 4. If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | | | | |
| | Filed(Mor | nth/Day/Year |) | | | Applicable Line) | | | | | | |
| KANSAS CITY, MO 64106 | | | | | | | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed o | f, or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Execution | emed on Date, if Day/Year) | 3. Transactio Code (Instr. 8) | 4. Securi on(A) or D (Instr. 3, | ispose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | 02/10/2019 | | | Code V F | Amount 59 | (D) | Price \$ 65.54 | 9,317.1545 | D | | | |
| Common Stock | | | | | | | | 222.7715 | I | By ESOP | | |

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.

SEC 1474

(9-02)

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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. Transactic Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | Amour Underl Securit | Fitle and abount of derlying curities str. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|----------------------------|---|---|--|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

Johnson Shannon Andresen 1010 GRAND BLVD. KANSAS CITY, MO 64106

EVP/Chief HR Officer

Signatures

/s/ John C. Pauls, Attorney-in-Fact for Ms. Johnson

02/11/2019

**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.

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