#### Edgar Filing: UMB FINANCIAL CORP - Form 4

UMB FINA Form 4	NCIAL CORP											
May 06, 201	15											
FORM			CECII	DITUR				NCEC	OMMISSION		PPROVAL	
	SECURITIES AND EXCHANGE C Washington, D.C. 20549						UNINISSION	OMB Number:	3235-0287			
Section 16. Form 4 or Form 5 obligations may continue. Form 17(a) of the F			C CHANGES IN BENEFICIAL OWN SECURITIES ection 16(a) of the Securities Exchange Public Utility Holding Company Act of of the Investment Company Act of 1940						Act of 1934, 1935 or Section	Expires: Estimated a burden hou response		
1(b).												
(Print or Type	Responses)											
1. Name and A Hagedorn M	Address of Reporting Michael D	Person <u>*</u>	Symbol			<b>1</b> Ticker of		8	5. Relationship of l Issuer	Reporting Pers	son(s) to	
(Last)	(First) (I	Middle)	UMB FINANCIAL CORP [UMBF] 3. Date of Earliest Transaction					(Check	eck all applicable)			
(M				(Month/Day/Year) 05/06/2015					Director       10% Owner         X Officer (give title       Other (specify below)         below)       below)         President of Subsidiary			
	(Street)		4. If Ame Filed(Mo			ate Origina r)	al		6. Individual or Joi Applicable Line) _X_ Form filed by O			
KANSAS (	CITY, MO 64106								Form filed by Mo Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - No	n-I	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ansaction Date 2A. Deemed th/Day/Year) Execution Date, if any (Month/Day/Year)			8)	4. Securi on(A) or Di (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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/06/2015			S	·	109	D		40,832.3205	D		
Common Stock	05/06/2015			S		200	D	\$ 51.96	40,632.3205	D		
Common Stock	05/06/2015			S		100	D	\$ 51.95	40,532.3205	D		
Common Stock	05/06/2015			S		134	D	\$ 51.9	40,398.3205	D		
Common Stock	05/06/2015			S		200	D	\$ 51.86	40,198.3205	D		

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Common Stock	05/06/2015	S	200	D	\$ 51.84	39,998.3205	D	
Common Stock	05/06/2015	S	300	D	\$ 51.83	39,698.3205	D	
Common Stock	05/06/2015	S	100	D	\$ 51.82	39,598.3205	D	
Common Stock	05/06/2015	S	100	D	\$ 51.795	39,498.3205	D	
Common Stock	05/06/2015	S	300	D	\$ 51.78	39,198.3205	D	
Common Stock	05/06/2015	S	100	D	\$ 51.76	39,098.3205	D	
Common Stock						211.1236	Ι	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2. Conversion	3. Transaction Date		4. Transacti	5.	6. Date Exer		7. Title and	8. Price of	9. Nu Doriy
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transacti Code (Instr. 8)	onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amount of Underlying Securities (Instr. 3 and	Derivative Security (Instr. 5)	Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Amou or Title Numł of Share	ber	

### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Hagedorn Michael D								
1010 GRAND BLVD.			President of Subsidiary					
KANSAS CITY, MO 64106								

**Reporting Owners** 

# Signatures

John Pauls, Attorney-in-fact for Mr. Hagedorn

05/06/2015

\*\*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.