

CENTRAL VALLEY COMMUNITY BANCORP
 Form 4
 June 17, 2015

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
SOMMER THOMAS L

2. Issuer Name and Ticker or Trading Symbol
CENTRAL VALLEY COMMUNITY BANCORP [CVCY]

5. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)

(Last) (First) (Middle)
 7100 N. FINANCIAL DRIVE,
 SUITE 101
 (Street)

3. Date of Earliest Transaction
 (Month/Day/Year)
 06/16/2015

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
EXECUTIVE VICE PRESIDENT

FRESNO, CA 93720

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 ___ Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
				(A) or (D) Code V Amount Price			
CVCY Common Stock	06/16/2015		M	1,000 A \$ 8.02	41,516	D	
CVCY Common Stock	06/16/2015		M	2,000 A \$ 5.76	43,516	D	
CVCY Common Stock	06/16/2015		M	2,500 A \$ 6.7	46,016	D	
CVCY Common Stock	06/16/2015		S	5,500 D \$	40,516	D	

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Common Stock						11.11	
CVCY Common Stock	06/16/2015		D ⁽¹⁾	1,000	D	\$ 0	39,516 D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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(9-02)

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Amount or Number of Shares
CVCY 2005 Omnibus Incentive Plan	\$ 8.02	06/16/2015		M	1,000	09/19/2013 09/19/2022	CVCY Common Stock	1,000
CVCY 2005 Omnibus Incentive Plan	\$ 8.02	06/16/2015		D ⁽²⁾	1,500	09/19/2013 09/19/2022	CVCY Common Stock	1,500
CVCY 2005 Omnibus Incentive Plan	\$ 5.76	06/16/2015		M	2,000	09/15/2011 09/15/2020	CVCY Common Stock	2,000
CVCY 2005 Omnibus Incentive Plan	\$ 5.76	06/16/2015		D ⁽²⁾	500	09/15/2011 09/15/2020	CVCY Common Stock	500

CVCY Stock Option 2000 Plan	\$ 6.7	06/16/2015	M	2,500	04/23/2008	04/23/2017	CVCY Common Stock	2,500
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SOMMER THOMAS L 7100 N. FINANCIAL DRIVE, SUITE 101 FRESNO, CA 93720			EXECUTIVE VICE PRESIDENT	

Signatures

/s/ Thomas L.
Sommer

06/17/2015

__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).
- (1) Restricted stock unvested as of retirement on April 30, 2015 and forfeited to issuer.
- (2) Options unvested as of retirement on April 30, 2015 and expired.

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.