## Edgar Filing: UMB FINANCIAL CORP - Form 4

UMB FINA	NCIAL CORP										
Form 4											
January 22,	2009										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287	
Check the				U					Expires:	January 31,	
if no lor subject		MENT OI	F CHAI	NGES IN	BENEFIC	CIAL	OWN	ERSHIP OF		2005	
	Section 16. SECURITIES							Estimated a burden hour			
	Form 4 or								response	0.5	
Form 5 obligation	-						-	Act of 1934,			
may cor				•	<b>e</b> .			935 or Section			
See Inst	ruction	30(h)	of the I	nvestmen	t Company	Act of	of 1940				
1(b).											
(Print or Type	Responses)										
1 Name and	Address of Reporting	Person *	2 Lague	an Nama an	d Tielsen en Te	din a	5	. Relationship of I	Reporting Pers	on(s) to	
Consider Language C								Issuer			
	UMB FINANCIAL CORP [UMBF]										
(Last)	(First)	(Middle)				L -	,	(Check	all applicable	)	
(Eust)	(1130)	(induite)	3. Date of Earliest Transaction (Month/Day/Year)					Director 10% Owner			
				1/22/2009 -				_XOfficer (give titleOther (specify			
							b	elow) Executiv	below) e Vice Preside	nt	
	(Street)		4 If Am	endment T	Date Original		6	Individual or Iou	nt/Group Filin	o(Check	
								5. Individual or Joint/Group Filing(Check Applicable Line)			
			× ×	ý	,		_	X_Form filed by Or			
KANSAS (	CITY, MO 64106	)						Form filed by Mo Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative Se	curiti	es Acaui	red, Disposed of,	or Reneficiall	v Owned	
1.Title of	2. Transaction Date	24 Deem		3.			_	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution		3. 4. Securities Acquired (A) Transaction Disposed of (D)				Securities	0. Ownership	Indirect	
(Instr. 3)		any	,	Code	(Instr. 3, 4 a)			Beneficially	1	Beneficial	
		(Month/Da	ay/Year)	(Instr. 8)				Owned	Direct (D)	Ownership	
								Following Reported	or Indirect (I)	(Instr. 4)	
						(A)		Transaction(s)	(Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	01/22/2000						\$	7,096.6369	D		
Stock	01/22/2009			F	414.0257	D	37.01	(1)	D		
Common											
Stock								383.9761 <u>(2)</u>	I	By 401(k)	

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.

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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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	ss						
1 0	Director	10% Owner	Officer	Other			
Smith Lawrence G 1010 GRAND BLVD KANSAS CITY, MO 64106			Executive Vice President				
Signatures							
John C. Pauls, Attorney-In-Fac Smith	t for Mr.		01/22/2009				
**Signature of Reporting Person	1		Date				
Explanation of Do	onon	0001					

## **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) Includes shares acquired through dividend reinvestment of restricted stock shares

(2) Participant acquired shares of UMB Financial Corporation through contributions to the UMB Financial 401(k) Plan

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.