## Edgar Filing: GRESCOVICH MARK J - Form 4

GRESCOVI	CH MARK J										
Form 4											
April 05, 201											
FORM	14 UNITED		SECUE	TTIES A			NCEC	OMMERION		PPROVAL	
	UNITED	SIAIE		shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th			v v cic	, inington,	D.C. 20	547				January 31	
if no longer STATEMENT OF CHANGES IN					IN BENEFICIAL OWNERSHIP OF			Expires: 20			
subject to Section 1				SECURITIES					Estimated average burden hours per		
	Form 4 or									response 0.8	
Form 5 obligation	<b>n</b> c <b>*</b>						•	e Act of 1934,			
may cont				•	•			1935 or Section	1		
See Instru	uction	30(h)	of the In	vestment	Compan	iy Ac	t of 194	0			
1(b).											
(Print or Type I	Responses)										
	ddress of Reporting	g Person <u>*</u>	2. Issuer	Name and Ticker or Trading			ng	5. Relationship of Reporting Person(s) to			
GRESCOVICH MARK J Symbol							Issuer				
			BANNE	ER CORP	[BANR	.]		(Checl	k all applicable	;)	
(Last)	(First)	(Middle)		Earliest Tr	ansaction						
10 SOUTH FIRST AVE.(Month/Data04/03/20			Day/Year)			Director 10% Owner X Officer (give title Other (specify					
			04/03/20	)3/2018				below) below)			
								Presi	dent and CEO		
(Street) 4. If Amer			ndment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mon				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
WAIIAW	ALLA, WA 993	862						Form filed by M			
	1111, W11 995	02						Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da	te 2A. Dee	med	3.	4. Securi			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year		on Date, if	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities	Form: Direct		
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 8)	(Instr. 3,	4 and	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(internal)	2 aj; 1 cai)	(1115411-0)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or	D .	(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price				
Stock, \$.01							\$				
par value	04/03/2018			F	571 <u>(1)</u>	D	54.93	125,435	D		
per share							(2)				

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

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
I B B B B B B B B B B B B B B B B B B B	Director	10% Owner	Officer	Other			
GRESCOVICH MARK J 10 SOUTH FIRST AVE.			President and CEO				
WALLA WALLA, WA 99362			President and CEO				
Signatures							
/s/Mark J.							
Grescovich 04/0	)5/2018						

<u>\*\*</u>Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Shares relinquished to cover tax obligations on vesting of 2,341 shares of restricted stock pursuant to 2014 Omnibus Incentive Plan.
- (2) Market price on April 3, 2018.

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.