### Edgar Filing: CAHILL MICHAEL B - Form 4

CAHILL MI	ICHAEL B											
Form 4												
February 28,	, 2012											
FORM	14									OMB AF	PROVAL	
	UNITED	) STATES				ND EX( D.C. 20		NGE C	COMMISSION	OMB Number:	3235-0287	
Check th										Expires:	January 31,	
subject to	subject to STATEMENT OF CHANGES IN BENE						ICIA	L OWI	NERSHIP OF	Estimated average		
Section 1	6.	SECURITIES					burden hours per					
Form 4 o Form 5								response	0.5			
obligatio								-	e Act of 1934,			
may cont	tinue. Section 17		of the In	-		-	~ •		1935 or Section	1		
See Instr 1(b).	uction	50(II)	of the m	vestille		Compan	y Ac	1 01 194	Ð			
(Print or Type I	Responses)											
CAHILL MICHAEL B Symbol				er Name <b>and</b> Ticker or Trading				ıg	5. Relationship of Reporting Person(s) to Issuer			
				Y NATIONAL CORP [CYN]					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earlies	t Tra	ansaction			(Check	a un uppneuore	,	
			(Month/D	-	.)				Director		Owner	
	IONAL BANK, ST., 18TH FL.	555 S.	02/27/20	012					XOfficer (give below) EVP, Gen	below) beral Counsel, S	er (specify Sect.	
	(Street)		1 If Ame	ndment	Dat	e Origina						
· / / ·····				Amendment, Date Original d(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
LOS ANGE	ELES, CA 90071	l			,				_X_Form filed by C Form filed by M Person			
(City)	(State)	(Zip)										
(City)	(State)	(Zip)	Tabl	e I - No	n-Do	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
(Instr. 3) any						4. Securi n(A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership	
							(A) or		Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)	
Common				Code	V	Amount	(D)	Price ¢	( ) · · · · · · · · · · · · · · · · · ·			
Common Stock	02/27/2012			F		259	D	\$ 47.87	27,480 <u>(1)</u>	D		

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.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration D	ate	Amou	int of	Derivative	Ι
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	S
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	F
	Derivative				Securities			(Instr	. 3 and 4)		(
	Security				Acquired						F
					(A) or						F
					Disposed						]
					of (D)						(
					(Instr. 3,						
					4, and 5)						
				Code V	<sup>7</sup> (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

### Edgar Filing: CAHILL MICHAEL B - Form 4

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
CAHILL MICHAEL B			EVP,					
CITY NATIONAL BANK			General					
555 S. FLOWER ST., 18TH FL.			Counsel,					
LOS ANGELES, CA 90071			Sect.					
<b>•</b>								

## Signatures

/s/ Michael B. Cahill 02/28/2012 \*\*Signature of Date

<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).
- \*\* 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 1977 shares of City National Corporation common stock held in the Reporting Person's City National Corporation Profit Sharing Plan account as of January 31, 2012.

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.

9. Nu Deriv Secu: Bene Own Follo Repo Trans (Instr