Edgar Filing: GLACIER BANCORP INC - Form 4/A

GLACIER B	ANCORP INC										
Form 4/A											
February 20,	2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PPROVAL		
	UNITEDS		ITIES Al hington,			NGE	COMMISSION	OMB Number:	3235-0287		
Check thi			0 /					Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								2005			
	Section 16. SECURITIES						Estimated average burden hours per				
Form 4 or	r							response 0.			
Form 5 obligatior	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,										
may conti) of the Public Ut	•	•	- ·			on			
See Instru		30(h) of the Inv	vestment	Company	y Act	t of 19	40				
1(b).											
(Print or Type R	Responses)										
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of 1							f Reporting Per	Reporting Person(s) to			
Langel Craig A Sy			Symbol				Issuer				
		GLACI	ER BANC	CORP IN	C [G	BCI]	(Che	ck all applicable	e)		
(Last)	(First) (M	liddle) 3. Date of	3. Date of Earliest Transaction					ek un appliedor	(an approacto)		
	(Month/D	(Month/Day/Year) 02/13/2015				_X_Director10% Owner Officer (give titleOther (specify below) below)					
49 COMMC	02/13/20										
	4 If Ame	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
			02/18/2015				_X_ Form filed by One Reporting Person				
KALISPELI	L, MT 59901						Form filed by I Person	More than One R	eporting		
(City)	(State) (Zip) Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6. Ownership	-		
Security	(Month/Day/Year)		TransactionAcquired (A) or					Form: Direct			
(Instr. 3)		any	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Owned I	(D) or	Beneficial Ownership (Instr. 4)		
		(Month/Day/Year)				5)		Indirect (I) (Instr. 4)			
					(• >		Reported	(111501. 4)	(111501. 4)		
					(A) or		Transaction(s)				
			Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	02/13/2015		А	1,000	A	\$0	70,409	D			
Stock	02/15/2015		11	(1)	11	ψυ	70,707	D			
Common							O(2)	т	NV/C		
Stock							96 <u>(2)</u>	Ι	Wife		

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 Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amor Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
		Code N		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Langel Craig A 49 COMMONS LOOP KALISPELL, MT 59901	Х							
Signatures								
/s/ LeeAnn Wardinsky on beha	02/	/20/2015						

Langel

**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) Represents shares awarded in connection with a Restricted Stock Award Plan which vest immediately.
- (2) Mr. Langel acquired beneficial ownership of these shares upon his marriage on February 21, 2011 and they were inadvertently excluded in prior reports.

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.