FOSTER SARA E

Form 4

December 02, 2010

## FORM 4

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

January 31, Expires: 2005 Estimated average

0.5

**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue.

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

burden hours per response...

See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * FOSTER SARA E			2. Issuer Name and Ticker or Trading Symbol COMMERCE BANCSHARES INC /MO/ [CBSH]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) (First) (Middle)  1000 WALNUT ST., 7TH FLOOR  (Street)		` '	3. Date of Earliest Transaction (Month/Day/Year) 12/01/2010	Director 10% Owner Officer (give title Other (specify below) Senior Vice President			
			4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
KANSAS CITY, MO 64106				Form filed by More than One Reporting Person			

KANSAS C	ITY, MO 64106				Person			
(City)	(State) (Z	Zip) Table	e I - Non-Do	erivative Securities A	cquired, Disposed	of, or Beneficial	lly Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	Transactio	onAcquired (A) or	Securities	Form: Direct	Indirect	
(Instr. 3)		any	Code	Disposed of (D)	Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)	Owned	Indirect (I)	Ownership	
					Following	(Instr. 4)	(Instr. 4)	
				(4)	Reported			
				(A)	Transaction(s)			
				or	(Instr. 3 and 4)			

(Instr. 3)			(Month/Day/Year)	(Instr. 8)		(Instr. 3, 4 and 5)		Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
				Code	V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	<b>.</b> ,	· · · · /
	Common Stock	12/01/2010		G	v	66	D	\$ 0	13,096	D	
	Common Stock	12/01/2010		G	V	127	D	\$0	12,969	D	
	Common Stock	12/01/2010		G	V	27	D	\$0	12,942	D	
	Common Stock								9,906	I	401k

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

### Edgar Filing: FOSTER SARA E - Form 4

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.

SEC 1474 (9-02)

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. orNumber	6. Date Exerc Expiration D		7. Title an		
Security (Instr. 3)	or Exercise Price of Derivative Security	(a. cara)	any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/		Underlyin Securities (Instr. 3 ar	g Security (Instr. 5	Secui
				Code V	(A) (D)	Date Exercisable	Expiration Date	or	mount mber ares	

### **Reporting Owners**

Relationships Reporting Owner Name / Address

> Other Director 10% Owner Officer

FOSTER SARA E 1000 WALNUT ST., 7TH FLOOR KANSAS CITY, MO 64106

Senior Vice President

# **Signatures**

By: Jeffery D. Aberdeen For: Sara E. Foster

12/02/2010

\*\*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).

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.

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