## Edgar Filing: HEBENSTREIT JAMES B - Form 4

HEBENSTR	EIT JAMES B											
Form 4												
August 02, 2	011											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL		
	UNITED	SIAILS		shington,			NGEC	.01011011551010	OMB Number:	3235-0287		
Check thi			V V CLO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D.C. 20	547				January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Expires:	2005			
Subject to				SECURITIES					Estimated average burden hours per response 0.5			
	Form 4 or											
Form 5 obligation	<b>*</b>						•	e Act of 1934,				
may cont				•	•	· ·		1935 or Section	n			
See Instru	uction	30(h)	of the In	vestment	Compar	iy Ac	t of 194	-0				
1(b).												
(Print or Type F	Responses)											
1. Name and Address of Reporting Person       2. Issuer Name and Ticker or Trading       5. Relationship of						5. Relationship of	Reporting Pers	son(s) to				
HEBENSTREIT JAMES B Symb				i i vanie anu	Tieker of	maan	ng	Issuer				
COMMERCE BANCSHARES INC					(Chook all crylinghts)							
/MO/ [CBSH] (Cha						(Chec	ck all applicable)					
(Last)	(First)	(First) (Middle) 3. Date of			Earliest Transaction			_X_ Director 10% Owner				
				Day/Year)				Officer (give title Other (specify below)				
1000 WALNUT ST., 7TH FLOOR 07/29/2011				011	1							
(Street) 4. J				I. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) Applicable Line)					)							
X_Form filed by One Report         KANSAS CITY, MO 64106        Form filed by More than         Barron												
	11 1, MO 04100	,						Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Da			3.4. Securities Acquired				5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year		on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Securities Beneficially	Form: Direct Indirect (D) or Beneficia	Indirect Beneficial		
(IIISU. <i>3</i> )		any (Month/I	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				3)	Owned		Ownership		
			•					Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common							\$					
Stock	07/29/2011			А	183	А	40.91	45,997	D			
Common												
Stock								4,437	Ι	Ira		

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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	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>	Relationships						
	Director	10% Owner	Officer	Other			
HEBENSTREIT JAMES B 1000 WALNUT ST., 7TH FLOOR KANSAS CITY, MO 64106	Х						
Signatures							
By: Jeffery D. Aberdeen For: James Hebenstreit	В.	08/01/2011					
<b>**</b> 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.