FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Add <u>Del Guercio</u>	Date of Event Requiring Staten Month/Day/Year .0/30/2012	nent	3. Issuer Name and Ticker or Trading Symbol CVB FINANCIAL CORP [CVBF]										
(Last) (First) (Middle) 701 N HAVEN AVE						ationship of Reporting Perso call applicable) Director	on(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street)	V 11V L					Officer (give title below)	Other (spe below)	cify	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
ONTARIO —	CA	91764								Form filed by Reporting Pe	/ More than One erson		
(City)	(State)	(Zip)											
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)				ate	nd 3. Title and Amount of Secur Underlying Derivative Secur				cise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	n Title	e	Amount or Number of Shares	Amount or Security Number of		Direct (D) or Indirect (I) (Instr. 5)					

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Stephen A Del Guercio 10/31/2012

** Signature of Reporting Person Date

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).