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 Address of Reporting Person* Laitsch Marshall 2. Date of Event Requiring Statement (Month/Day/Year) 08/10/2018			nent	3. Issuer Name and Ticker or Trading Symbol CVB FINANCIAL CORP [CVBF]								
(Last) 701 N. HAVE (Street) ONTARIO (City)	(First) EN AVE. CA (State)	(Middle) 91764 (Zip)				tionship of Reporting Perso call applicable) Director Officer (give title below)	on(s) to Issu 10% Own Other (sp below)	er	(Mon	nth/Day/Year) dividual or Joint icable Line) Form filed b	Ate of Original Filed //Group Filing (Check by One Reporting Person by More than One berson	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					int of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock						2,674	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Title of Derivative Security (Instr. 4) Expiration Date (Month/Day/Year)		ate	nd 3. Title and Amount of Securities Underlying Derivative Security (Instr			4. Conve	ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title	3	Amount or Number of Shares	Price Deriva Secur	ative	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ Marshall V Laitsch

08/10/2018

** Signature of Reporting Person

Date

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

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).