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## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

	tion 1(b).	lue. See								ies Exchang npany Act o		of 1934			hours	s per re	esponse:	0.5
1. Name and Address of Reporting Person* Nicholson E Allen					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>CVB FINANCIAL CORP</u> [ CVBF ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) 701 N. HAVEN AVE.					3. Date of Earliest Transaction (Month/Day/Year) 03/25/2020						x	X Officer (give title Other (spec below) below) EVP & CFO						
(Street) ONTARIO CA 91764   (City) (State) (Zip)							)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					on					
		Table	I - Non-De	rivative	Secu	rities	s Acq	uired,	Dis	posed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,		ecution Date, ny		3.4. SecuritiTransactionDisposedCode (Instr.5)		ies Acquired (/ Of (D) (Instr. 3		() or 4 and	Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount	(A) or (D) P		rice		oorted nsaction(s) .tr. 3 and 4)			(Instr. 4)	
Common Stock 03/25/				/25/2020	2020		Α		22,500	A	4	\$ <mark>0</mark>	0 59,622			D		
		Tal	ole II - Deri (e.g.							osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Cod	Transaction Code (Instr.		umber vative urities uired r osed ) r. 3, 4 5)	Expiration (Month/Da			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (Ir	Price of erivative ecurity hstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	e V	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

/s/ E Allen Nicholson

03/26/2020

\*\* Signature of Reporting Person Date

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

\* 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.

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.