FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: 0.5 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* <u>Jacoby Robert</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol CVB FINANCIAL CORP [CVBF] | | | | | | | | | tionship o all applic Directo | • | | | | |
|---|---|--|----------------|---------------------------------|------------------------------|---|--------|---------------|--------------------------------------|-----|------------------------------|--|-----------------------------------|--------|--|--|---|--|--|--|
| (Last) 701 N. H | (Fi | • | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/29/2016 | | | | | | | | | Officer below) | (give title | title Other (s below) | | specify | |
| (Street) ONTARI | | tate) | 91764 (Zip) | Jan Davi | _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) tive Securities Acquired, Disposed of, or Benefic | | | | | | | | | Form fi Form fi Person | fual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | ie i - r | | | 1 | | S AC | <u> </u> | ט | <u> </u> | | | ially | | | | 1 | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y | | | | | | Execution Date, | | ´ | 3. Transactio Code (Inst 8) | | 4. Securities Disposed Of | Securities Acquired (A) or sposed Of (D) (Instr. 3, 4 and | | | Benefic Owned | | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | Code V | | Amount | | | (A) or (D) | Price | | | action(s) . 3 and 4) | | | (Instr. 4) | | | | | |
| Common Stock 04/29/201 | | | | | | 16 | | | M | | 27,500 | A | \$14 | .04 | 47,512 | | | D | | |
| Common Stock 04/29/201 | | | | | 2016 | 16 | | | S | | 27,500 | D | \$17.0 | 902(1) | 20 | 20,012 | | D | | |
| | | 7 | Γable Ι | | | | | | | | posed of, , convertil | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | 4. Transa Code (8) | | | | 6. Date Expiration (Month/D | n D | | d 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | D | B. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owno Form Direct or Ind (I) (In | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | ble | Expiration Date | Title | Amor or Numl of Share | oer | | | | | | |
| Stock Option Right to Buy | \$14.04 | 04/29/2016 | | | M | | 27,500 | | 06/21/20 | 06 | 06/21/2016 | Commo Stock | ⁿ 27,5 | 00 | \$14.04 | 0 | | D | | |

Explanation of Responses:

1. Represents the weighted average sales price. The Shares were sold at prices ranging from \$17.090 to \$17.1000 per share. Full information regarding the number of Shares sold at each price shall be provided to the Securities and Exchange Commission staff (the "Staff"), Issuer, or a security holder of Issuer, upon request.

/s/ Robert Jacoby

04/29/2016

** Signature of Reporting Person

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.