FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

- 1		
	OMB Number:	3235-0287
	Estimated average bu	rden
	hours per response:	0.5

tion 16. Form 4 tions may conti	or Form 5	STA		pursua	ant to S	Section 16(a)	of the S	ecuriti	ies Exchang	e Act o		ERS	HIP	Estim	ated average bu	3235-0287 rden 0.5
1. Name and Address of Reporting Person [*] Nicholson E Allen					2. Issuer Name and Ticker or Trading Symbol <u>CVB FINANCIAL CORP</u> [CVBF]						(Checl	all app Direc	licable) tor	10%	Issuer Owner r (specify	
(Last) (First) (Middle) 701 N. HAVEN AVE.				3. Date of Earliest Transaction (Month/Day/Year) 01/26/2022						X						
(Street) ONTARIO CA 91764 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year) 01/27/2022							6. Indir Line) X	,			
	Table					-	uired,	Dis		-		-			6. Ownership	7. Nature
Date					Execution Date,		Transaction D Code (Instr. 5)		Disposed Of (D) (Instr. 3, 5)		nstr. 3, 2		Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
								v	Amount	(D)	or Pi	rice				
1 Stock	2022	A 11,500 ⁽¹⁾ A \$0.00 7		76	, 36 7 ⁽¹⁾	D										
	Tal												Ownee	d		
2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executi if any	tion Date, Trans Code			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration Da (Month/Day/Y		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)				derivative Securities Beneficiall Owned Following Reported	y Direct (D or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)
	tion 16. Form 4 tions may continued and Address of <u>son E All</u> (Fir HAVEN AVI IO CA (St Security (Inst Security	nd Address of Reporting Person* Son E Allen (First) (1 AVEN AVE. IO CA 9 (State) (2 Table Security (Instr. 3) A Stock 2. Conversion or Exercise Price of Derivative 3. Transaction Date (Month/Day/Year)	tion 16. Form 4 or Form 5 tions may continue. See tion 1(b). IND Address of Reporting Person* SON E. Allen (First) (Middle) HAVEN AVE. IO CA 91764 (State) (Zip) Table I - NOI Security (Instr. 3) A Stock Table II - 2. Conversion or Exercise Price of Derivative Control Ca 3. Transaction Date (Month/Day/Year) (Month/	tion 16. Form 4 or Form 5 tions may continue. See tion 1(b). Filed nd Address of Reporting Person* <u>SON E Allen</u> (First) (Middle) HAVEN AVE. IO CA 91764 (State) (Zip) Table I - Non-Deriva Security (Instr. 3) 2. Transac Date (Month/Day A Stock 01/26/2 Table II - Derivati (e.g., pu 2. Conversion or Exercise Price of Date (Month/Day/Year) 3A. 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Issuer Name and Ticker or Trading Symbol S. Relationship of Reporting Person(s) to Director Into a Address of Reporting Person* S. Issuer Name and Ticker or Trading Symbol S. Relationship of Reporting Person(s) to Director Into a Address of Reporting Person* S. Date of Earliest Transaction (Month/Day/Year) S. And of Tig Person(s) to Director Into C A 91764 S. Date of Carlies Transaction (Month/Day/Year) S. Individual or Joint/Group Filing (Check Line) Into C A 91764 S. Transaction Date, (Month/Day/Year) S. Amount of Securities Acquired (A) or Disposed of or Beneficially Owned Security (Instr. 3) 2. Transaction Date, (Month/Day/Year) S. Amount of Securities Acquired (A) or Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) S. Amount of Securities Securities, Diore of Se

Explanation of Responses:

1. Correction of acquired amount and correction of amount of shares beneficially owned

/s/ E Allen Nicholson

or Number

of

Shares

Title

01/28/2022

** 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).

Code

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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.

(A) (D) Date Exercisable

Expiration Date