SEC Form 3

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* Jacoby Robert	2. Date of Event Requiring Statem (Month/Day/Year) 09/20/2005	ient 🛛 🚺	3. Issuer Name and Ticker or Trading Symbol <u>CVB FINANCIAL CORP</u> [CVBF]					
(Last) (First) (Middle) 701 N. HAVEN AVENUE #350			 Relationship of Reporting Pers (Check all applicable) X Director 	son(s) to Issue 10% Owne	(Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) ONTARIO CA 91764	_		Officer (give title below)	Other (spe below)	cify 6. In App	licable Line) K Form filed b	l/Group Filing (Check y One Reporting Person y More than One erson	
(City) (State) (Zip)								
	Table I - Non	-Derivativ	ve Securities Beneficia	lly Owned				
1. Title of Security (Instr. 4)			Amount of Securities eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common stock			0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration Da (Month/Day/Y	te	3. Title and Amount of Secu Underlying Derivative Secu		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Robert Jacoby

** Signature of Reporting Person Date

09/27/2005

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 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).

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.