CULLEN/FROST BANKERS, INC.

Form 3

August 05, 2015

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * Wolfshohl Candace K		2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol CULLEN/FROST BANKERS, INC. [CFR]					
(Last) (I			07/29/2015		4. Relationship of Reporting Person(s) to Issuer				5. If Amendment, Date Original Filed(Month/Day/Year)
100 WEST HOUSTON STREET (Street) SAN ANTONIO, TX 78205					(Check all applicable) Director 10% OwnerX_ Officer Other (give title below) (specify below)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person	
SAN ANTONI	O,A 1 <i>A</i>	4 76203			Group Executive Vice President			Form filed by More than One Reporting Person	
(City) (S	State)	(Zip)		Table I - Non-Derivative Securities Be			s Bei	neficially Owned	
1.Title of Security (Instr. 4)				2. Amount of Beneficially (Instr. 4)		3. Owner Form: Direct or Indi (I) (Instr.	rship (D) irect	4. Nat Owner (Instr.	-
Common Stock, \$0.01 par value		4,328		Ι)	Â			
Common Stock, \$0.01 par value		6,477]	I	By Spouse		
Common Stock	a, \$0.01 p	ar value		12,713]	I	Thro	ugh 401(k) Plan
Reminder: Report of owned directly or in	_	te line for ea	ch class of secu	urities benefici	ially S	SEC 1473	3 (7-02)		
, , , , , , , , , , , , , , , , , , ,	Person informa require	ation conta ed to respo	oond to the called in this formall in this formall in the control numbers the control numbers in the control numbers in the control in the co	orm are not e form displ					

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	Ownership

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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Employee Stock Options	10/24/2010	10/24/2016	Common Stock	1,500	\$ 57.88	D	Â
Employee Stock Options	10/21/2012	10/21/2018	Common Stock	2,500	\$ 52.44	D	Â
Employee Stock Options	10/20/2013	10/20/2019	Common Stock	1,500	\$ 50.64	D	Â
Employee Stock Options	10/26/2014	10/26/2020	Common Stock	3,000	\$ 52.46	D	Â
Employee Stock Options	(1)	10/25/2021	Common Stock	3,000	\$ 48	D	Â
Employee Stock Options	(2)	10/23/2022	Common Stock	4,000	\$ 54.56	D	Â
Employee Stock Options	(3)	10/29/2023	Common Stock	3,080	\$ 71.39	D	Â
Employee Stock Options	(4)	10/28/2024	Common Stock	5,000	\$ 78.92	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Wolfshohl Candace K 100 WEST HOUSTON STREET SAN ANTONIO, TX 78205	Â	Â	Group Executive Vice President	Â		

Signatures

/s/ Candace K. Wolfshohl	08/05/2015		
**Signature of Reporting	Date		

Explanation of Responses:

- * 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).
- (1) Vest 25% per year for four years from grant date of 10-25-2011.
- (2) Vest 25% per year for four years from grant date of 10-23-2012.
- (3) Vest 25% per year for four years from grant date of 10-29-2013.
- (4) Vest 25% per year for four years from grant date of 10-28-2014.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Reporting Owners 2

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Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.