

SECURITIES AND EXCHANGE COMMISSION

FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2009-01-26** | Period of Report: **2009-01-26**
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REPORTING OWNER

FINGER JENNIFER J

CIK: **1201502**

Type: **4** | Act: **34** | File No.: **001-09383** | Film No.: **09546270**

Business Address
WESAMERICA BANCORP.
4550 MANGELS BLVD.
FAIRFIELD CA 94585

ISSUER

WESTAMERICA BANCORPORATION

CIK: **311094** | IRS No.: **942156203** | State of Incorpor.: **CA** | Fiscal Year End: **1231**
SIC: **6021** National commercial banks

Mailing Address
4550 MANGELS BLVD
A-2Y
FAIRFIELD CA 94585-1200

Business Address
1108 FIFTH AVE
SAN RAFAEL CA 94901
(707) 863-6000

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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

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

1. Name and Address of Reporting Person FINGER JENNIFER J			2. Issuer Name and Ticker or Trading Symbol WESTAMERICA BANCORPORATION [WABC]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) SVP/Treasurer		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/26/2009				
WESTAMERICA BANCORPORATION, 4550 MANGELS BLVD.							
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)		6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person		
FAIRFIELD, CA 94534							
(City)	(State)	(Zip)					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	09/24/2007		G	V	10 ⁽¹⁾	A	\$ 0	1,136.809	D	
Common Stock	01/26/2009		A		2,500 ⁽²⁾	A	\$ 0	3,636.809	D	
Common Stock								25,030	I	Deferred
Common Stock								611.901 ⁽³⁾	I	Esop

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		Date Exercisable	Expiration Date					

Explanation of Responses:

1. These shares were gifted to the reporting person as part of the issuer's award program for all employees that rewards longevity . Shares are gifted to each employee as they reach their tents, fifteenth anniversary, etc.
2. The Restricted Performance Shares granted in 2006 vested on 1/26/09 upon meeting performance criteria.
3. Incudes allocations through 12/31/08 in Westamerica Bancorporation's Tax Deferred Savings/Retirement (ESOP) Plan.

Signatures

/s/ Jennifer J. Finger

** Signature of Reporting Person

01/26/2009

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.