FIKE WILLIAM T Form 5

February 10, 2009

OMB APPROVAL FORM 5 **OMB**

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

Check this box if no longer subject to Section 16. Form 4 or Form

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Reported 30(h) of the Investment Company Act of 1940 Form 4

Transactions Reported

5 obligations

1(b).

may continue. See Instruction

1. Name and Address of Reporting Person *_ FIKE WILLIAM T	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
	UMPQUA HOLDINGS CORP [UMPQ]			
(Last) (First) (Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2008	Director 10% Owner State of the control of the con		
ONE SW COLUMBIA STREET, SUITE 1200		EVP - President Umpqua Bank CA		
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting		
	,	(check applicable line)		
PORTLAND. OR 97258				

X Form Filed by One Reporting Person Form Filed by More than One Reporting

(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. Securi (A) or D (Instr. 3,	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	04/30/2008	Â	J	6,000 (1)	D	\$ 0	6,500	D	Â
Common Stock	04/30/2008	Â	J	14	A	\$ (2)	383 (3)	I	by 401(k)
Common Stock	08/25/2008	Â	J	383	D	\$ 13.22	0 (4)	I	by 401(k)
Common	Â	Â	Â	Â	Â	Â	5,000	I	by IRA

3235-0362

January 31,

2005

1.0

Number:

Expires:

response...

Estimated average

burden hours per

Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

SEC 2270 (9-02)

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 Expiration Date Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		te	7. Title and A Underlying So (Instr. 3 and 4
					(A) (D)	Date Exercisable	Expiration Date	Title
Non-Qualified Stock Option (right to buy)	\$ 15.5	04/30/2008	Â	J	30,000	01/28/2009	01/27/2018	Common Stock
Non-Qualified Stock Option (right to buy)	\$ 21.95	05/30/2008	Â	J	47,500	05/12/2006	05/11/2015	Common Stock

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

FIKE WILLIAM T

ONE SW COLUMBIA STREET, SUITE 1200 ÊVP - President Umpqua Bank CA PORTLAND, ORÂ 97258

Signatures

By: Steven L. Philpott, Attorney in Fact For: William T.
Fike
02/09/2009

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Shares forfeited following termination of employment.
- (2) Not required.
- (3) Holdings reported include shares acquired in the 401(k)/Profit Sharing plan through dividend reinvestment, payroll deferrals and/or employer contributions.

Reporting Owners 2

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- (4) Account closed following termination of employment.
- (5) Options canceled and/or expired following termination of employment.

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