## Pai Lisa K Form 3/A September 26, 2012 **FORM 3** UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB 2225 OMB

### 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 <u>*</u> Pai Lisa K		Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol BBCN BANCORP INC [BBCN]				
First)	(Middle)	12/01/2011			5. If Amendment, Date Original Filed(Month/Day/Year)		
RE BLVC	. SUITE		(Check	c all applicable)	12/09/2011		
Street)			X_ Officer (give title belo	w) (specify below	<ul><li>Filing(Check Applicable Line)</li><li>(X) _X_ Form filed by One Reporting</li></ul>		
S, CAÂ	90010		EVP & Chie	t Legal & HR Of	ficer Person Form filed by More than One Reporting Person		
State)	(Zip)	Table I -	Non-Deriva	tive Securities	s Beneficially Owned		
				Ownership (	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
on a separat ndirectly.	e line for ea	ch class of securities benefic	cially	SEC 1473 (7-02)			
informa require current	tion conta d to respo ly valid OM	ined in this form are no nd unless the form disp /IB control number.	t lays a	, warrants, optic	ons, convertible securities)		
	First) RE BLVD Street) Street) State) on a separat ndirectly. Person informa require current	First) (Middle) RE BLVD. SUITE Street) (S, CA 90010 State) (Zip) on a separate line for each ndirectly. Persons who resp information conta required to respon currently valid OM	Statement (Month/Day/Year) 12/01/2011 RE BLVD. SUITE Street) (Middle) State) (Zip) Table I - 1 2. Amount of Beneficially (Instr. 4) Table I - 1 2. Amount of Beneficially (Instr. 4)	Statement (Month/Day/Year)  BBCN BA    First)  (Middle)    First)  (Middle)    12/01/2011  4. Relationsh Person(s) to 1    RE BLVD. SUITE  (Check (Check Street)    State)  (Zip)    Table I - Non-Deriva 2. Amount of Securities Beneficially Owned (Instr. 4)    State)  (Zip)    Table I - Non-Deriva 2. Amount of Securities Beneficially Owned (Instr. 4)    State)  (Zip)    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.	Statement  Month/Day/Year)    First)  Middle)    12/01/2011  4. Relationship of Reporting Person(s) to Issuer    RE BLVD. SUITE  (Check all applicable)    Street)		

1. Title of Derivative Security	2. Date Exercisable and		3. Title and Amount of		4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date (Month/Day/Year)		Securities U	nderlying	Conversion	Ownership	Beneficial Ownership
			Derivative Security		or Exercise	Form of	(Instr. 5)
			(Instr. 4)		Price of	Derivative	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative	Security:	
					Security	Direct (D)	
						or Indirect	
						(I)	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

					(Instr. 5)	
Employee Stock Option (right to buy)	(1)	02/21/2017	Common Stock	39,025 <u>(2)</u> \$ 28.66	D	Â

# **Reporting Owners**

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
Pai Lisa K 3731 WILSHIRE BLVD. SUITE LOS ANGELES, CA 90010	E 1000	Â	Â	EVP & Chief Legal & HR Officer	Â		
Signatures							
/s/ Anna Hur, attorney-in-fact	09/26/2	2012					
**Signature of Reporting	Date	e					

Person

## **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) The options vested in five equal annual installments beginning on February 21, 2008.
- (2) These stock options were omitted from the reporting person's original Form 3, and also were omitted from one Form 4 filed by the reporting person after the original Form 3 was filed.

Note: File three copies of this Form, one of which must be manually signed. If space 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.