#### VALLEY NATIONAL BANCORP

Form 4

Common Stock (401k

Plan) (2)
Common

Stock (Roth

February 11, 2014

<b>FORM</b>	4									OMB APPROVAL	
		ITIES AN hington, l			NGE (	COMMISSION	OMB Number:	3235-0287			
Check this	er STATE	STATEMENT OF CHANGES IN BENEFICIAL OWN							Expires:	January 31, 2005	
Section 16.				SECURI					burden hou	Estimated average burden hours per	
Form 4 or Form 5 obligations may continue. See Instruction 1(b).  response  response  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								0.5			
(Print or Type R	esponses)										
1. Name and Ad ESKOW AL	2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer					
	VALLEY NATIONAL BANCORP [VLY]					(Check all applicable)					
(1)			3. Date of Earliest Transaction (Month/Day/Year) 02/07/2014					X Director 10% Owner Other (specify below) below)  Senior EVP & CFO, Director			
(Street) 4.				4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
				th/Day/Year)				Applicable Line) _X_ Form filed by 0	One Reporting Pe	rson	
WAYNE, N.	WAYNE, NJ 07470-  Form filed by More than One Reporting Person										
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Acq	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year)			on Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)  (A) or			d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock (1)	02/07/2014			Code V F	Amount 5,180		Price \$ 9.57	(Instr. 3 and 4) 207,930	D		
Common Stock (1)								1,254	I	Ira/wife	
Common Stock								51,796	I	Spouse	

4,690

10,578

D

D

IRA)

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 1474 (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. Transactic Code (Instr. 8)	5. orNumber 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 Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option/NQ	\$ 11.91					11/15/2011	11/15/2020	Common Stock	21,170
Stock Options	\$ 18.93					11/16/2005	11/16/2014	Common Stock	17,732
Stock Options	\$ 17.54					11/14/2006	11/14/2015	Common Stock	20,401
Stock Options	\$ 19.19					11/13/2007	11/13/2016	Common Stock	22,112
Stock Options	\$ 14.65					02/12/2009	02/12/2018	Common Stock	21,059

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
			Officer	Other			
ESKOW ALAN D							
1455 VALLEY ROAD	X		Senior EVP & CFO, Director				
WAYNE, NJ 07470-							

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### **Signatures**

/s/ ALAN D. 02/11/2014 ESKOW

\*\*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) Adjusted for additional shares acquired through Dividend Reinvestment Plan.
- (2) Holdings under the Valley 401K Plan has been updated to reflect reporting person's balance in the Plan.

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.

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