REGIONS FINANCIAL CORP

Form 4 October 07, 2005

FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

obligations

may continue.

See Instruction

Form 5

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

OMB Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

Issuer

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

response...

STATEMENT OF CHANGES IN 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

2. Issuer Name and Ticker or Trading

Symbol

1(b).

(Print or Type Responses)

POYNTER LOU ANN

1. Name and Address of Reporting Person *

			REGIONS FINANCIAL CORP [RF]					P [RF]	(Check all applicable)			
(Last) (First) (Middle) 3. Date of (Month/P O BOX 10247, ATTN: 04/19/2				Day/Ye		ransaction			_X_ Director 10% Owner Officer (give title Other (specify below)			
	(Street)		4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check			
Filed(Month/Day/Year) BIRMINGHAM, AL 352020247							Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tal	ole I - N	on-	Derivative	Secui	rities Acqu	ired, Disposed o	f, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any (Month/Da	Date, if	3. Transa Code (Instr.	8)	4. Securition Dispose (Instr. 3, 4)	ed of ((D)	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)	
Common Stock	04/19/2005			J <u>(1)</u>		315.25	D	\$ 0	7,258.073	I	By 401(k)	
Common Stock	10/05/2005			J(2)	V	221.21	A	\$ 0	7,479.283	I	By 401(k)	
Common Stock	10/05/2005			J(3)	V	19.138	A	\$0	964.852	I	By ESOP	
Common Stock	09/15/2005			S		3,600	D	\$ 32.16	157,971	D		
Common Stock	09/15/2005			S		18,000	D	\$ 32.153	139,971	D		

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Common Stock	09/16/2005	S	2,000	D	\$ 32.3	137,971	D	
Common Stock	09/16/2005	S	10,100	D	\$ 32.33	127,871	D	
Common Stock						90,000	I	By Magna Resources, LLC
Common Stock						3,719	I	By Poynter Real Estate Service
Common Stock						81,554	I	By Spouse

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

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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)	4. Transact Code (Instr. 8)	tionor S) A (A D (I (I	5. Number on 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)		8. Pr Deri Secu (Inst
			Code V	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units (DDSIP)	<u>(4)</u>	10/05/2005	<u>J(4)</u> V	V 4	17.98		<u>(4)</u>	<u>(4)</u>	Common Stock	47.98	S

Reporting Owners

Reporting Owner Name / Address	Relationships								
F-	Director	10% Owner	Officer	Other					
POYNTER LOU ANN	X								
P O BOX 10247									
ATTN: INVESTOR RELATIONS									

Reporting Owners 2

BIRMINGHAM, AL 352020247

Signatures

By: Ronald C. Jackson 10/06/2005

**Signature of Date
Reporting Person

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) Forfeiture of company match.
- (2) The reported phantom stock units were acquired under Regions' benefit plans.
- (3) Stock purchased through the ESOP
- (4) The reported phantom stock units were acquired under Regions' Directors Deferred Stock Investment 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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