

REGIONS FINANCIAL CORP  
Form 3  
November 14, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**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 *			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol	5. If Amendment, Date Original Filed(Month/Day/Year)
Â HALL GRAYSON			11/04/2006	REGIONS FINANCIAL CORP [RF]	
(Last)	(First)	(Middle)			
P O BOX 10247					
(Street)			(Check all applicable)		
BIRMINGHAM,Â ALÂ 352020247			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (specify below) Sr Executive Vice President		
(City)	(State)	(Zip)	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		

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	60,664	D	Â
Common Stock	7,038	I	By 401(k)

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

SEC 1473 (7-02)

**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.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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

Edgar Filing: REGIONS FINANCIAL CORP - Form 3

	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Stock Option (Right to buy) <sup>(1)</sup>	11/04/2006	10/04/2009	Common Stock	59,805	\$ 30.96	D	Â
Stock Option (Right to buy) <sup>(1)</sup>	11/04/2006	02/11/2010	Common Stock	17,058	\$ 20.1436	D	Â
Stock Option (Right to buy) <sup>(1)</sup>	11/04/2006	01/30/2011	Common Stock	67,779	\$ 21.3444	D	Â
Stock Option (Right to buy) <sup>(1)</sup>	11/04/2006	01/29/2012	Common Stock	86,119	\$ 25.4076	D	Â
Stock Option (Right to buy) <sup>(1)</sup>	11/04/2006	02/09/2013	Common Stock	80,378	\$ 25.696	D	Â
Stock Option (Right to buy) <sup>(1)</sup>	11/04/2006	02/04/2014	Common Stock	70,649	\$ 30.5493	D	Â
Stock Option (Right to buy) <sup>(1)</sup>	11/04/2006	02/07/2015	Common Stock	115,065	\$ 32.0166	D	Â
Stock Option (Right to buy) <sup>(1)</sup>	11/04/2006	04/02/2016	Common Stock	83,966	\$ 34.462	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HALL GRAYSON P O BOX 10247 BIRMINGHAM, AL 352020247	Â	Â	Â Sr Executive Vice President	Â

## Signatures

By: D. Bryan  
Jordan

11/14/2006

                      
Signature of  
Reporting Person

\_\_\_\_\_  
Date

## 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) Provisions exist to these shares to allow for the withholding of shares to satisfy tax withholding obligations and the withholding of shares to satisfy the payment of the exercise price.

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.