FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| l | hours per response: | 0.5 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* ENGLISH JAMES M | | | | | | 2. Issuer Name and Ticker or Trading Symbol GLACIER BANCORP INC [GBCI] | | | | | | | | | | | ionship all appli Directo | • | | | | |
|--|---|--|---|---|------------------------------|---|---|---|--------------|-----------------------------------|-----|--|--|---------------|--------------------|---|---|--|---------------------|--|--|--|
| (Last) 49 COM | (Last) (First) (Middle) 49 COMMONS LOOP | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/04/2013 | | | | | | | | | | | Other (sp below) | | specify | |
| (Street) KALISPELL MT 59901 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 06/06/2013 | | | | | | | | | | | Form | Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting n | | | | |
| (City) | (5 | | vative | ve Securities Acquired, Disposed of, or Benefic | | | | | | | | | | | cially Owned | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | e, 3 | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | I (A) or | or 5. Amor and Securit Benefic Owned | | nt of es ally -ollowing | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | [| Code | v | Amount | | (A) or (D) | Price | e Reporte Transac (Instr. 3 | | ction(s) | | | (Instr. 4) | |
| Common | Stock | 4/201 | 2013 | | | | S | | 5,00 | 5,000 D | | \$19 | .2 | 27, | D66 ⁽¹⁾ | | D | | | | | |
| Common | Stock | | | | | | | | | | | | 13 | 3,556 | | I | IRA | | | | | |
| 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. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispo | or osed) r. 3, 4 | Expi | ate Exer iration D nth/Day/ | ate | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | Deri Sec | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exer | e rcisable | | piration ite | Title | 0 N 0 | lumber | | | | | | | |
| Stock Option (right to buy) | \$15.37 | | | | | | | | 07/2 | 28/2009 | 01 | /28/2014 | Comn | | 1,500 | | | 1,500 | | D | | |

Explanation of Responses:

1. Incorrect number of shares reported on Form 4 filed on June 6, 2013.

Remarks:

<u>LeeAnn Wardinsky for James</u> M. English

06/14/2013

** Signature of Reporting Person

Date

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

- * 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).

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

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 Number.