Form **8937**

Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

➤ See separate instructions.

OMB No. 1545-0123

Part Reporting Issuer			2 Issuer's employer identification number (EIN)
1 Issuer's name			
COMMERCE BANCSHARES, INC.	43-0889454		
3 Name of contact for additional informat	5 Email address of contact		
JEFFERY D. ABERDEEN	JEFF.ABERDEEN@COMMERCEBANK.COM		
6 Number and street (or P.O. box if mail i	7 City, town, or post office, state, and ZIP code of contact		
P.O. BOX 419248	KANSAS CITY, MO 64141		
8 Date of action			
12/18/2017			
10 CUSIP number 11 Serial nur	nber(s)	12 Ticker symbol	13 Account number(s)
200525103		CBSH	
Part Organizational Action	Attach add	litional statements if needed. See	e back of form for additional questions.
THEREFORE AFFECTS THE TAX BASIS	OF SHARE CASH FOR EASE CONT	S OWNED ON WHICH IT WAS DIST	TO UNITED STATES FEDERAL INCOME TAX AND RIBUTED. STREATED AS A REDEMPTION FOR UNITED STATES HAVE QUESTIONS ABOUT THE TAX IMPLICATIONS
15 Describe the quantitative effect of the	e organizatio	onal action on the basis of the securit	ty in the hands of a U.S. taxpayer as an adjustment per ARE OF CBI COMMON STOCK AFTER THE
DISTRIBUTION WILL BE 95.238095 PER	CENT OF T	HE BASIS SHAREHOLDER HAD IN	ONE (1) SHARE OF CBI COMMON STOCK BEFORE
THE DISTRIBUTION.			
Describe the calculation of the chan valuation dates ► (100/(100+5)) = 9		and the data that supports the calcula	ation, such as the market values of securities and the

Part II	0	rganizational Action (continued)				
						DISTRIBUTION OF STORY
17 List	the a	pplicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tr	eatment i	is based ▶	DISTRIBUTION OF STOCK
IS NOT T	AXAE	BLE UNDER CODE SECTION 305 (a). B	ASIS IN STOCK WITH RESPECT TO WH	ICH THE	DISTRIBU	TION WAS MADE IS
ALLOCA	TED E	BETWEEN THE OLD AND NEW SHARE	S IN PROPORTION TO THE FAIR MARK	ET VALU	JES OF EA	CH ON THE DATE OF
DISTRIB	UTION	UNDER CODE SECTION 307 (a).				
	Mark the Mark					
		2.804.00				
18 Ca	n any	resulting loss be recognized? ► NO				
						was the same and the
	-		q.			
				#0.00#07********************************		
19 Pro	ovide a	any other information necessary to imple	ement the adjustment, such as the reportab	le tax ye	ar▶	
-						
		E				
-						
						:
						<u> </u>
	Under	penalties of perjury, I declare that I have exa	amined this return, including accompanying sche	edules and	statements,	and to the best of my knowledge an
	belief,		of preparer (other than officer) is based on all info	mation of	willon prepa	aci nas any knowledge.
Sign		James Moud	lean !		17/	2/-
Here	Signa	ture & Ammy Mount		Date ▶	12/1	9/17
	olgila	Ture P				
	D	your name ► JEFFERY D. ABERDEEN		Title ▶	CONTRO	LLER
	Print	Print/Type preparer's name	Preparer's signature	Date		Check T if PTIN
Paid		Fill Viye preparer smalle				self-employed
Prepa	arer	The state of the s				Firm's EIN ▶
Use C		Firm's name ▶				
		Firm's address ▶	U.B. 1 400 T	augaii- C	Condon Oc	Phone no.
Send Fo	orm 89	37 (including accompanying statements)) to: Department of the Treasury, Internal R	evenue S	service, Ugo	JUII, UT 04201-0004