Fessenden D Form 5 January 14, 1											
FORM	_							OMB A	PPROVAL		
	URITIES AN	RITIES AND EXCHANGE COMMISS				OMB	3235-0362				
Check thi no longer		Washington, D.C. 20549					Number: Expires:	January 31,			
to Section Form 4 or 5 obligati- may conti	Form ANN	ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Extimated average burden hours per response 1.0			
See Instruction 1(b).Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,Form 3 HoldingsSection 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Form 4Form 430(h) of the Investment Company Act of 1940Transactions ReportedReported											
1. Name and Address of Reporting Person <u>*</u> Fessenden Daniel J.		Symbo	2. Issuer Name <b>and</b> Ticker or Trading Symbol TOMPKINS FINANCIAL CORP				5. Relationship of Reporting Person(s) to Issuer				
		[TMI	<b>?</b> ]				(Check all applicable)				
			n/Day/Year)	-				XDirector10% Owner Officer (give titleOther (specify below) below)			
	KINS FINANCIA TION, P.O. BC										
			Amendment, Date Original d(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)				
ITHACA Â	NYÂ 14851										
						_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person					
(City)	(State)	(Zip) T	able I - Non-Der	ivative See	curities .	Acqu	ired, Disposed of	, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A)		)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Amount	or nt (D) Price		(Instr. 3 and 4)				
Common Stock	Â	Â	Â	Â	Â	Â	925.896 <u>(1)</u>	D	Â		
	port on a separate line ficially owned direct		contained i	n this for	rm are r	not re	llection of infor equired to resp lid OMB contro	ond unless	SEC 2270 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

## Edgar Filing: Fessenden Daniel J. - Form 5

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. P Deri Secu (Ins
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	Â	Â	Â	Â	Â	(2)	(2)	Common Stock	1,524.23	

## **Reporting Owners**

**Relationships Reporting Owner Name / Address** Director 10% Owner Officer Other Fessenden Daniel J. C/O TOMPKINS FINANCIAL CORPORATION ÂX Â Â Â P.O. BOX 460 ITHACA, NYÂ 14851 Signatures /s/Daniel J. 01/11/2013 Fessenden Date

## <u>\*\*</u>Signature of 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) Includes shares acquired for service on business development board and payment of meeting(s) fees, and reinvestment of quarterly cash dividends.

Each share of phantom stock is the economic equivalent of one share of common stock. Phantom stock represents deferred stock compensation under the Amended and Restated Retainer Plan for Eligible Directors of Tompkins Financial Corporation and its

(2) Compensation under the America and Resated Retainer Francis Directors of Fompkins Financial Corporation and its Wholly-Owned Subsidiaries. These shares are held in a rabbi trust pending distribution upon the occurrence of certain events specified in the Plan. The reporting person has no voting or investment power over the shares prior to such distribution.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.