Edgar Filing: Fessenden Daniel J. - Form 4

Fessenden Daniel J.								
Form 4								
January 09, 2018								
FORM 4					т	PPROVAL		
UNI	TED STATES	SECURITIES A Washington,	ND EXCHANGE D.C. 20549		NOMB Number:	3235-0287		
Check this box if no longer					Expires:	January 31, 2005		
subject to Section 16. Form 4 or	ATEMENT OI	BENEFICIAL OV ITIES	WNERSHIP OF Estimated average burden hours per response					
	on $17(a)$ of the l	Public Utility Hold	e Securities Exchar ling Company Act Company Act of 1	of 1935 or Section				
(Print or Type Responses)								
1. Name and Address of Rep Fessenden Daniel J.	porting Person *	2. Issuer Name and Symbol	Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer				
TOMPKINS FINANCIAL CORF [TMP]			ANCIAL CORP	(Check all applicable)				
(Last) (First)	(Middle)	3. Date of Earliest Tr	ansaction	X_ Director 10% Owner Officer (give title Other (specify				
C/O TOMPKINS FINA CORPORATION, P.O		(Month/Day/Year) 01/08/2018		below)	below)	ici (speeny		
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)			-	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
ITHACA, NY 14851					More than One R			
(City) (State)	(Zip)	Table I - Non-D	erivative Securities A	cquired, Disposed o	of, or Beneficia	lly Owned		
	n Date 2A. Deemo Year) Execution any	Date, if Transaction	4. Securities Acquired (A) or Disposed of (D)	Securities	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial		
(-	y/Year) (Instr. 8)	1 ()	Owned Following Reported	(I) (Instr. 4)	Ownership (Instr. 4)		
			or	Transaction(s)				
		Code V	Amount (D) Price	(Instr. 3 and 4)				
Reminder: Report on a separ	ate line for each cl	ass of securities benefi	cially owned directly o	or indirectly.				
			Persons who res information cont required to respo	pond to the colle ained in this form and unless the for htly valid OMB co	are not m	SEC 1474 (9-02)		
			iired, Disposed of, or options, convertible s		l			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	Deri

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		/Year)	(Instr. 3 and	4)	Secu (Inst
				Code V	(A) (I	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	<u>(1)</u>	01/08/2018		А	79.311	<u>(1)</u>	(1)	Common Stock	79.311	\$ 8

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
Fessenden Daniel J. C/O TOMPKINS FINANCIAL CORPORATION P.O. BOX 460 ITHACA, NY 14851		Х					
Signatures							
/s/Daniel J. Fessenden	01/09/2018						

<u>**</u>Signature of Reporting Person

Date

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).

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

 (1) Compensation under the Amended and Restated Retainer Plan for Engible Directors of Tompkins Pinalicial 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 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.