Edgar Filing: TOMPKINS FINANCIAL CORP - Form 5

TOMPKINS FINANCIAL CORP Form 5 February 06, FORM

Common

Stock

Form 5 February 06,	2017											
									OMB A	PPROVAL		
FORM 5 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB	3235-0362		
Check this no longer s	box if subject	Washington, D.C. 20549 FATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Number: Expires:	January 31, 2005				
to Section Form 4 or 5 obligatio may contin <i>See</i> Instruc	Form ANN ns nue. ction						Estimated a burden hou response	average Irs per				
1(b). Form 3 Ho Reported Form 4 Transactio Reported	oldings Section 17((a) of the	Public Ut		g Compa	ny Ao	ct of 1		n			
1. Name and A HAYNES C	ddress of Reporting ARL E	2. Issuer Name and Ticker or Trading Symbol TOMPKINS FINANCIAL CORP [TMP]]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First) (.	Middle)	 Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016 			-	_X_ Director Officer (give below)	e title 10% Owner Other (specify below)				
	S FINANCIAL ΓΙΟΝ, Ρ.Ο. ΒΟ	OX 460	12/31/20	510								
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				(6. Individual or Joint/Group Reporting				
					(chec				k applicable line)			
ITHACA,Â	NYÂ 14851						-	_X_ Form Filed by (Form Filed by M Person	1 0			
(City)	(State)	(Zip)	Tabl	e I - Non-Deri	vative Sec	urities	Acqu	ired, Disposed of	, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	any		emed on Date, if /Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A))	Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common					Amount	or (D)	Price	(Instr. 3 and 4)				

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

Â

Â

Persons who respond to the collection of information SEC 2270 contained in this form are not required to respond unless the form displays a currently valid OMB control number.

5,388.98 (1) D

Â

Â

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Â

Â

(9-02)

Â

										7
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (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 Exerc Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and 4	Securities	8. De Se (Ir
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	Â	Â	Â	Â	Â	(2)	(2)	Common Stock	6,988.381	

Edgar Filing: TOMPKINS FINANCIAL CORP - Form 5

Reporting Owners

Reporting Owner Name / Address		Relationships					
Reporting O when ita	Director	10% Owner	Officer	Other			
HAYNES CARL E TOMPKINS FINANCIAI P.O. BOX 460 ITHACA, NY 14851	ÂX	Â	Â	Â			
Signatures							
/s/ Carl E. Haynes	01/30/2017						
**Signature of	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).
- (1) Includes shares acquired through reinvestment of quarterly 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 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 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.

Reporting Person