FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	OWNERSHIP

OMB APPRO	VAL
OMB Number:	3235-0287
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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*  Martocci Gino A.					2. Issuer Name <b>and</b> Ticker or Trading Symbol  M&T BANK CORP [ MTB ]									tionship all app Direc	licable)	Person(s) to Is		
(Last) 350 PAR	(Fi K AVENUI		(Middle)			3. Date of Earliest Transaction (Mo 01/29/2016					/Day/Year)		X	belov			(specify )	
(Street) NEW Y	ORK N	Y	10022		4. I	f Ame	ndmen	t, Date	of Origina	l Filed	d (Month/E	Day/Year)		6. Indiv Line) X	Form	filed by One	Filing (Check A Reporting Pers e than One Rep	on
(City)	(St		(Zip)															
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			action	2A. Deemed Execution Date,			3. 4. Securit Transaction Code (Instr.			of, or Beneficially ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		Reported Transaction(s) (Instr. 3 and 4)		ction(s)		(Instr. 4)
Common Stock 01/29			9/2016	2016		A <sup>(1)</sup>		3,262	62 A <sup>(1)</sup> \$		.00(2)	12,238.54		D				
Common Stock 0		01/29	9/2016	2016					2,483	3 D	\$11	0.18	9,755.54		D			
Common Stock													1,574		Ι	By 401(k) Plan <sup>(4)</sup>		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		n of E		5. Date Exercisable Expiration Date Month/Day/Year)			Amount of		Der Sed (Ins	Price of ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisab		xpiration late	Title	Amoun or Numbe of Shares	er				
Phantom Common Stock Units	(5)								(5)		(5)	Common Stock	(5)			224	I	Supplemental 401(k) Plan <sup>(4)</sup>

## **Explanation of Responses:**

- 1. Shares issued pursuant to vesting of performance-vested restricted stock units that were granted to the reporting person on January 31, 2014 and January 30, 2015, upon achievement of performance goals under the 2009 M&T Bank Corporation Equity Incentive Compensation Plan.
- 2. The performance-vested restricted stock units were granted under an equity incentive compensation plan maintained by M&T Bank Corporation, and therefore the reporting person paid no price for the performance-vested restricted stock units.
- 3. Shares withheld for taxes upon the vesting of restricted stock and the settlement in shares of the performance-vested restricted stock units previously granted to the reporting person.
- 4. The information presented is as of December 31, 2015.
- 5. The reported phantom common stock units are held by the reporting person in an excess benefit plan account maintained by M&T Bank Corporation and represent a like number of shares of M&T Bank Corporation common stock. The phantom common stock units may only be settled in cash upon distribution in accordance with the terms of the plan. The reported phantom common stock units also include units acquired through the dividend reinvestment feature of the plan.

## Remarks:

By: Karla Braun-Kolbe, Esq. (Attorney-In-Fact)

02/02/2016

\*\* 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.