FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | OVAL | | | |
|---|------------------------|-----------|--|--|--|
| | OMB Number: | 3235-0287 | | | |
| l | Estimated average burd | en | | | |
| l | hours per response: | 0.5 | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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|--|---|--|--------------------------|--|--------------------------|---|---|-----------------------------|----------------------------|-------|---|--|--------------|---|---|---|---|---------------------------|--|--|
| 1. Name and Address of Reporting Person* BRADY ROBERT T | | | | | | | 2. Issuer Name and Ticker or Trading Symbol M&T BANK CORP [MTB] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) (First) (Middle) 286 GREENWOOD COURT | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2018 | | | | | | | | | Officer (give title below) Vice Chairman | | | her (specify | | |
| (Street) EAST AUROR | EAST NY 14052-1353 AURORA | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date | | | | | | Execution D | | Date, | Transaction D Code (Instr. | | | i. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | d 5) Secu Bene | rities ricially d Following (| 6. Ownersh Form: Direc (D) or Indirec (I) (Instr. 4) | t of Indirect | | |
| | | | | | Code | v | Amount | mount (A) or (D) | | Price | Trans | action(s) 3 and 4) | | (5 4) | | | | | | |
| Common Stock 10/01/2 | | | | | | | 2018 | | A ⁽¹⁾ | | 138 | | A | \$1 <mark>64</mark> | .54 | 9,077 | D ⁽²⁾ | | | |
| Common Stock | | | | | | | | | | | | | | | | 8,000 | | By CRAT ⁽³⁾ | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | tive Conversion Date Execution Date, ty or Exercise (Month/Day/Year) if any | | n Date, ay/Year) - | | Transaction Code (Instr. | | mber ative rities ired osed . 3, 4) | 6. Date Expiration (Month/L | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount nber | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (I or Indire (I) (Insti | Beneficial Ownership ect (Instr. 4) | | | |

Explanation of Responses:

- $1. This transaction \ represents stock \ received \ by \ the \ reporting \ person \ in \ lieu \ of \ cash \ fees \ pursuant \ to \ the \ M\&T \ Bank \ Corporation \ 2008 \ Directors' \ Stock \ Plan.$
- 2. Includes shares that are jointly owned.
- 3. The indicated shares are held by a Charitable Remainder Annuity Trust ("CRAT") of which the reporting person and the reporting person's spouse are co-trustees and of which the reporting person's spouse is the current annuity beneficiary for the lesser of her life or 21 years.

Remarks:

By: Karla L. Harlow, Esq. (Attorney-In-Fact)

10/03/2018

** 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.