FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPRO	VAL				
OMB Number:	3235-0287				
Estimated average burd	en				
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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>CZARNECKI MARK J</u>						2. Issuer Name and Ticker or Trading Symbol  M&T BANK CORP [ MTB ]										k all app Direc			10% O	wner	
(Last)	(Fi &T PLAZA	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/07/2010										belov				specify	
(Street) BUFFALO NY 14203-2399 (City) (State) (Zip)					_	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable te)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Transa Date (Month/E			saction	Execution Date,		<u>,</u>	3. 4. Securi			of, or Berities Acquired Of (D) (In	or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
				05/0	7/201/	V2010					v	Amount	(D)			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
					7/2010 7/2010				A <sup>(1)</sup> F		480.3			0.00 <sup>(2)</sup> 84.07	-,			D D			
		7	Гable II -										f, or Bei tible sec			wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		ransaction ode (Instr.		of		Date Exer piration E onth/Day	ate		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In:	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	te ercisable		epiration	Title	Amou or Numb of Share	er						
Phantom Common Stock Units	(3)									(3)		(3)	Common Stock	(3)			75		I	Supplemental 401(k) Plan <sup>(4)</sup>	

## **Explanation of Responses:**

- 1. The reported transaction involves an award of fully vested restricted stock issued under the M&T Bank Corporation 2009 Equity Incentive Compensation Plan. The stock represents a portion of the reporting person's salary and may be subject to restrictions on transfer. For more information, please see the Current Report on Form 8-K filed by M&T Bank Corporation on January 25, 2010.
- 2. The restricted stock was granted under an equity incentive compensation plan maintained by M&T Bank Corporation, and therefore the reporting person paid no price for the restricted stock.
- 3. 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.
- 4. The information presented is as of March 31, 2010.

## Remarks:

By: Brian R. Yoshida, Esq. 05/11/2010 (Attorney-In-Fact)

\*\* 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.