(Street) **BUFFALO**

(City)

FORM 4

(State)

(Zip)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP								
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*	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of							

obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response: 0.5
	or Section 30(h) of the Investment Company Act of 1940	<u></u>
1. Name and Address of Reporting Person [*] O'Hara Laura P.	2. Issuer Name and Ticker or Trading Symbol <u>M&T BANK CORP</u> [MTB]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner
(Last) (First) (Middle) ONE M&T PLAZA	3. Date of Earliest Transaction (Month/Day/Year) 01/31/2020	X Officer (give title Other (specify below) below) Sr. VP/General Counsel
(Street) BUFFALO NY 14203	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person
DOTTALO INI 14203		Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	of Security (Instr. 3) Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 24. Deemed Execution Date, if any (Month/Day/Year)		3. 4.		4. Securities Acquired (A) or Disposed 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)	Price	 Reported Transaction(s) (Instr. 3 and 4) 		(Instr. 4)
Common Stock	01/31/2020		A ⁽¹⁾		586	A ⁽¹⁾	\$0.00 ⁽²⁾	2,327	D	
Common Stock	01/31/2020		F ⁽³⁾		226	D	\$168.52	2,101	D	

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Ex		Expiration Da	5. Date Exercisable and Expiration Date Month/Day/Year) Derivative Securities Underlying Derivative Security (I and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Shares issued pursuant to vesting of performance-based restricted stock units that were granted to the reporting person on January 31, 2018 and on January 31, 2019, upon achievement of performance goals under the 2009 M&T Bank Corporation Equity Incentive Compensation Plan.

2. The performance-based 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-based restricted stock units.

3. Shares withheld for taxes upon the settlement in shares of performance-based restricted stock units previously granted to the reporting person.

Remarks:

By: Brian R. Yoshida, Esq. (Attorney-In-Fact)

02/04/2020

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.

OMB Number: 3235-0287 Estimated average burden

** Signature of Reporting Person Date

Person