FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Was

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

hington,	D.C.	20549		

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burden										
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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>CUNNINGHAM T JEFFERSON III</u>					2. Issuer Name and Ticker or Trading Symbol  M&T BANK CORP [ MTB ]										licable)	Person(s) to Is				
	T BANK	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/03/2005									Officer (give title below)		Other below)	(specify		
289-291 MAIN MALL					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicableine)					
(Street) POUGHKEEPSIE NY 12601-31			107	_								X Form filed by One Reporting Person  Form filed by More than One Reporting Person								
(City)	(Si	ate)	(Zip)																	
		Tab	le I - No	n-Deri	vativ	e Se	curiti	es Acc	quired,	Dis	posed	of, or B	enefici	ally C	wne	d				
Da			Date				2A. Deemed Execution Date, if any (Month/Day/Year)				rities Acqui ed Of (D) (In	nd 5) Securities Beneficially Owned Follow		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) (D)	Price	I	Report Transa (Instr.	ction(s) 3 and 4)		(Instr. 4)		
Common Stock			09/13	3/2005				G	V	10	D	(1	1)	10,850		D				
Common Stock				10/03	3/2005				A <sup>(2)</sup>		48	A	\$10	5.71	10,898		D			
Common Stock															328		I	401(k) Plan <sup>(3)</sup>		
Common Stock														130		I	By IRAs			
		٦	Гable II -									f, or Be			vned					
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	ed Date,	4. Transacti Code (Ins		5. Number on of		6. Date Exercisal Expiration Date (Month/Day/Year		ble and	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Pri Deriv Secu			Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		ate xercisabl		piration ate	Title	Amount or Number of Shares							
Phantom Common Stock Units	(4)								(4)		(4)	Common Stock	(4)			336	I	Supplemental 401(k) Plan <sup>(3)</sup>		

## **Explanation of Responses:**

- 1. The reported transaction involves a transfer of securities by gift for which no payment of consideration was received by the reporting person.
- 2. Stock received in lieu of cash fees pursuant to the M&T Bank Corporation Directors' Stock Plan.
- 3. The information presented is as of September 30, 2005.

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

10/05/2005

\*\* 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.