# FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b)

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB AP	PROVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours por rospons	o. 0 F							

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	nd Address of ER ADA	Reporting Person*							ker or Trador Nation   New York   New York					Relationship Check all applic Directo	cable)	ing Pers	son(s) to Iss 10% O	
(Last) (First) (Middle) 350 PARK AVENUE						Date //20/2		Tran	saction (M	onth/l	Day/Year)		helow)	Officer (give title below)  Ex. VP & Treasurer			specify	
(Street) NEW YO	ORK N	Y	10022-60	22	4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									orting Perso	on		
(City)	(S	tate)	(Zip)											Form filed by More than One Reporting Person				
		Tak	le I - No	n-Deri\	/ativ	e Se	curitie	s Ac	quired,	Dis	posed o	of, or Be	neficia	ally Owned	I			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					Beneficia Owned Fo	es ally Following	6. Ownersh Form: Dire (D) or Indir (I) (Instr. 4)	Direct I Indirect E str. 4)	Nature of direct eneficial wnership		
								Code	Code V Amount (A		(A) or (D)	Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Common Stock													31,0	070		D	
Common	Stock													1,000			See footnote <sup>(1)</sup>	
Common	Stock													1,000			See footnote <sup>(1)</sup>	
Common	Stock													1,0	000		T 1	See footnote <sup>(1)</sup>
Common Stock												62	620			See footnote <sup>(2)</sup>		
												or Ben		y Owned				1
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Di if any (Month/Day/	Date, Transacti Code (Ins			5. Number of		6. Date Exercis Expiration Date (Month/Day/Yea		of Securities		ties g Security	Derivative Security	9. Numb derivativ Securitie Benefici Owned Followir Reporte Transac (Instr. 4)	ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amoun or Numbe of Shares	ber				
Option (right to buy)	\$91.75	01/20/2004			A		29,973		(3)		01/20/2014	Common Stock	29,97	3 (4)	29,9	73	D	

#### **Explanation of Responses:**

- 1. These shares are held in trust for the benefit of a child of the reporting person. The reporting person's spouse is a trustee of the trust.
- 2. These shares are owned by a child of the reporting person under the Uniform Transfers to Minors Act for which the reporting person is custodian.
- 3. The option granted includes a total of 29,973 shares. 2,997 of the covered shares are exercisable on or after January 20, 2005; an additional 5,994 of the covered shares are exercisable on or after January 20, 2006; an additional 8,992 of the covered shares are exercisable on or after January 20, 2007; and the remaining 11,990 covered shares are exercisable on or after January 20, 2008.
- 4. The option was granted under an employee stock option plan maintained by M&T Bank Corporation, and therefore the reporting person paid no price for the option.

## Remarks:

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

01/22/2004

\*\* 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.