FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL
OMB Number:	3235-02

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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

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* CZARNECKI MARK J						2. Issuer Name and Ticker or Trading Symbol M&T BANK CORP [MTB]										tionship of Reporting all applicable) Director		g Pei	10% Owner		
(Last) ONE M8	(Fi &T PLAZA	rst)		3. Date of Earliest Transaction (Month/Day/Year) 05/18/2012										Officer (give title below) Presi			Other (below)	specify			
(Street) BUFFALO NY 14203-2399 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)										ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date (Month/					saction	ar) i	A. Deer Execution	A. Deemed cecution Date,		3. 4. Secu			of, or Be	or 5. Amo Securi Benefi Owned		unt of ies cially Following	For (D)	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
					05/18/2012					Code A(1)	V	Amount	(D)	(A) or (D) Pri		(Instr. 3	ction(s) 3 and 4)		D	(Instr. 4)	
Common					8/2012	-				F		199		_	30.71		,997.52	D			
		7	Гable II -										f, or Bei			wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemond Execution if any (Month/Da	Date,	4. Transa Code (8)		of I		Exp	Date Exer piration D onth/Day/	ate		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		Der Sed (Ins	Price of ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	te ercisable		xpiration ate	Title	Amou or Numb of Share	er						
Phantom Common Stock Units	(3)									(3)		(3)	Common Stock	(3)			81		I	Supplemental 401(k) Plan ⁽⁴⁾	

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 and represents a portion of the reporting person's salary. The restricted stock will be subject to restrictions on transfer such that each executive may not sell, transfer or otherwise dispose of any of the shares received as stock salary until the earlier of (a) the date that M&T Bank Corporation repays Treasury's Capital Purchase Program investment made under the Troubled Asset Relief Program, or (b) January 1, 2014.
- 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 30, 2012.

Remarks:

By: Andrea R. Kozlowski, Esq. 05/22/2012 (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.