FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C.	20549	
------------	------	-------	--

Washington, D.C. 20049	OMB APP	ROVA
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	323

3235-0287
ırden
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

	nd Address of	Reporting Person*							cker or Tra						elationshi eck all app Direc	olicable)	g Person(s) to I	ssuer Owner
(Last) ONE M8	(Fi &T PLAZA	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/24/2010									X Officion below	Officer (give title below) E.V.P./Chief Financial Officer		(specify v)
(Street) BUFFALO NY 14203-2399					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(Si		(Zip)															
1. Title of Security (Instr. 3)			2. Trans Date (Month/	saction	ction 2A. Deemed Execution Date		med on Date	r, Transaction Disposed Code (Instr.			of, or Beneficial rities Acquired (A) or ed Of (D) (Instr. 3, 4 and			5. Am Secur Benef Owne	ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	Code V A		ount (A) or (D)		Price		ted action(s) 3 and 4)		(Instr. 4)	
Common Stock		09/24	4/2010	/2010					169.7	77 A	(1)	\$0.00	2) 28	,405.63	D			
Common	Stock		09/24	09/24/2010				F		61		D :	\$90.6	2 28	,344.63	D		
Common Stock													5,673	I	By 401(k) Plan ⁽³⁾			
		-	Гable II -						quired, I s, optio						Owned	I		,
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/Day	Date,	4. Transa Code (8)		n of		6. Date Ex Expiration (Month/Da	Date		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amo or Num of Shai	ber				
Phantom Common Stock	(4)			Ì					(4)		(4)	Common Stock	1 (4	4)		953	I	Supplementa 401 (k) Plan ⁽³⁾

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 information presented is as of June 30, 2010.
- 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 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: Andrea R. Kozlowski, Esq. (Attorney-In-Fact)

09/28/2010

** Signature of Reporting Person

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.