# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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 APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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*  JONES RENE F						2. Issuer Name and Ticker or Trading Symbol  M&T BANK CORP [ MTB ]											all appl Direct	tor		10% O	wner		
(Last) (First) (Middle) ONE M&T PLAZA						3. Date of Earliest Transaction (Month/Day/Year) 09/01/2016											below	er (give title w) Executive Vice		Other (specify below)  President			
(Street) BUFFAL (City)		tate)	14203-23 (Zip)		-													ndividual or Joint/Group Filing (Check Applicable b) 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)					saction	ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)			ired, 3. Transac Code (II	ction	4. Securi Dispose	ities A	cquire	ed (A) or	5. Amo Securi Benefi Owned		unt of ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount		(A) or (D)			Report Transa (Instr. 3	ction(s)			(Instr. 4)		
Common Stock 09/01/3						2016			$\top$	М		7,09	9	A	\$91	.28	50,191.79			D			
Common Stock 09/01/2					1/201	6				F		6,27	9	D	\$118	\$118.33		43,912.79		D			
Common Stock																6		6,689			By 401(k) Plan <sup>(1)</sup>		
			Table II -									osed o					wned			,			
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	Date,	4. Transa Code ( 8)		of Deri Seci Acq (A) o Disp of (E	oosed D) tr. 3, 4	Expi	ate Exe iration nth/Day	Date	ble and	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		l Security	Der Sec	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	, G F D 0 (I	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exe	e rcisable		xpiration ate	Title		Amount or Number of Shares	1							
Common Stock	\$91.28	09/01/2016			M			7,099		(2)	0:	1/31/2018	Com		7,099	\$0	.00 <sup>(3)</sup>	21,293		D			
Phantom Common Stock Units	(4)									(4)		(4)	Com Sto		(4)			2,420		I	Supplemental 401 (k) Plan <sup>(1)</sup>		

### **Explanation of Responses:**

- 1. The information presented is as of June 30, 2016.
- 2. Currently exercisable.
- 3. 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.
- 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: Karla L. Harlow, Esq. (Attorney-In-Fact)

09/06/2016

\*\* 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.