FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours nor resnance	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]									Check all a Di	hip of Reportin pplicable) ector icer (give title	ng Perso	10% O	wner	
(Last) ONE M8	(F &T PLAZA	*	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/02/2010								X be	er			
(Street) BUFFAI			14203-23	99	- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	•	(Zip)	n Dori			ouriti	οο Δο	auirad	Die	nacad	of or D	onoficie	ally Ow				
1. Title of Security (Instr. 3)		2. Transaction Date		ar) if	2A. Deemed Execution Date,		Transaction Dispose Code (Instr.		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and 5		5. A Sec Ber Ow	5. Amount of Securities Beneficially Owned Following Reported		nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	Code V		nt (A) or (D)		Tra	isaction(s) tr. 3 and 4)			(Instr. 4)	
Common Stock			07/02	2/2010	2/2010					181.2	23 A ⁽	1) \$0.0	00(2)	27,733.04		D		
Common	Common Stock		07/02	2/2010				F		65	D	\$84	.89	27,668.04		D		
Common Stock													5,673		I	By 401(k) Plan ⁽³⁾		
		٦	Гable II -									f, or Be			ed		,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Date,	Date, Transaction Code (Inst		on of		6. Date Ex Expiration (Month/Da	Date		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		y O Fe D oi (I)	0. Dwnership orm: Direct (D) r Indirect) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Cod	Code	v	(A)		Date Exercisab		xpiration ate	Title	Amount or Number of Shares					
Phantom Common Stock	(4)								(4)		(4)	Common Stock	(4)		953		I	Supplemental 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.
- $4. \ The reported phantom common stock units are held by the reporting person in an excess benefit plan account maintained by M&T Bank Corporation and represent a like number of shares of M&T Bank Corporation and RA Ba$ 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)

07/07/2010

** 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.