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: 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* <u>CUNNINGHAM T JEFFERSON III</u>						2. Issuer Name and Ticker or Trading Symbol M&T BANK CORP [MTB]										licable)	Person(s) to Is			
	(Fi T BANK	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/03/2005									Office below	er (give title v)	Other below)	(specify		
289-291 MAIN MALL (Street) POUGHKEEPSIE NY 12601-310				107	4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)										i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	•	(Zip)	. Davi		ative Securities Acquired, Disposed of, or Benefic														
1. Title of Security (Instr. 3) 2. Trai				2. Trans			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Secur	I. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amo Securit	ount of ties	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								(,			Amount	(A) or (D)			Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock			12/08	2/08/2004				G	V	10	D	(1	.)	10,764		D				
Common Stock			12/17	12/17/2004				G	V	20	D		.)	10,744		D				
Common Stock			01/03	/03/2005				A ⁽²⁾		45	A \$1		7.84	10,789		D				
Common Stock															324		I	401(k) Plan ⁽³⁾		
Common Stock															130		I	By IRAs		
		٦	Гable II -	Deriva (e.g., p	ative puts,	Seci call:	uritie s, wa	s Acc rrant	quired, s, optio	Disp ns,	osed o	f, or Be	neficial curities	lly 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	ed Date,	Code (In		5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Insti	5. Number 6			able and	7. Title ar Amount o Securities Underlyir	d of s eg e Security	8. P	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V		(A)	(D)	Date Exercisal:		Expiration Date	Title	Amount or Number of Shares	er								
Phantom Common Stock Units	(4)								(4)		(4)	Common Stock	(4)			332	I	Supplemental 401(k) Plan ⁽³⁾		

Explanation of Responses:

- 1. The reported transaction involves a transfer of securities by gift for which no payment of consideration was received by the reporting person.
- 2. Stock received in lieu of cash fees pursuant to the M&T Bank Corporation Directors' Stock Plan.
- 3. The information presented is as of December 31, 2004.

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

01/05/2005

** 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.