Instruction 1(b)

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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	

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* PEARSON KEVIN J						M&T BANK CORP [MTB]										o of Reporting licable) stor er (give title	10%	wner	
(Last) 350 PAR 6TH FLO	K AVENU	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/22/2010										v)		Other (specify below) President	
(Street) NEW Y(ORK N		10022 (Zip)		4.1	f Am	endmen	nt, Date	te of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(3	,		n Dori				ioo A		ı Di		of ou !	Donofi	الماما	. 0	. al			
1. Title of Security (Instr. 3)			2. Trans Date (Month/	Execution Date,			3. Trans	action (Instr	4. Secu	rities Acqued Of (D) (iired (A)	or	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	Amount (A) or (D)				rice				
Common	Stock			10/2	2/2010	0			A ⁽¹⁾		284.	17 A	(1) \$	0.00(2	0 ⁽²⁾ 36,762.46		D		
Common	Stock			10/22	2/2010	0			F		123	3	D \$	574.44	36	,639.46	D		
Common	Stock															2,261	I	By 401(k) Plan ⁽³⁾	
		-	Γable II -						• '		posed o	•		-	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date, Transaction Code (Ins			of Deriv Secu Acqu (A) o Dispo	vative irities uired or osed) r. 3, 4	6. Date E Expiratio (Month/D	n Date	е	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		D Sc (Ii	Price of crivative curity estr. 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 Exercisa		Expiration Date	Title	Amou or Numb of Share	nber					
Phantom Common Stock Units	(4)								(4)		(4)	Common Stock	(4)			865	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 September 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 and distributed 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. 10/26/2010 (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.