FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT (OF CHANGE	S IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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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* BRAUNSCHEIDEL STEPHEN J							cker or Tra						elationship ck all app Direc	licable)	g Person(s) to I	ssuer Owner		
(Last) ONE M8	(Fi &T PLAZA	rst)	(Middle)			Date o		est Trar	nsaction (Month/Day/Year)						belov	Officer (give title below) Executive Vice Pr		(specify /)
(Street) BUFFALO NY 14203-2399				- 4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)									ndividual 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. Tran				2. Trans	saction	ction 2A. Do Execu		A. Deemed xecution Date,		quired, Disposed of, or E 3. Transaction Code (Instr. 8) 4. Securities Acquiding Disposed Of (D) (I			ired (A)	or	5. Amo Securi Benefi Owned	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		ount (A) or (D)		rice		ted action(s) 3 and 4)		(Instr. 4)
Common Stock			03/09	9/2012				A ⁽¹⁾	A ⁽¹⁾	141.8	84 A ⁽¹	(1)	0.00(2) 27	,637.16	D		
Common Stock		03/09	9/2012	2012			F		47]) [81.35	27	,590.16	D			
Common Stock													1	.3,762	I	By 401(k) Plan ⁽³⁾		
		-	Гable II -						quired, I s, optio						Owned	l		
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, Transa Code (ı of		6. Date Ex Expiration (Month/Da	Date		7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		S (I	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)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amo or Num of Shar	ber				
Phantom Common Stock	(4)								(4)		(4)	Commor Stock	(4)			1,050	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 and represents a portion of the reporting person's salary. The restricted stock will be subject to restrictions on transfer such that each executive may not sell, transfer or otherwise dispose of any of the shares received as stock salary until the earlier of (a) the date that M&T Bank Corporation repays Treasury's Capital Purchase Program investment made under the Troubled Asset Relief Program, or (b) January 1, 2014.
- 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 February 29, 2012.
- 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: Brian R. Yoshida, Esq. (Attorney-In-Fact)

03/13/2012

** 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.