Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Washington, I | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: 0 | | | | | | | | |

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|--|------|------|--|--------|---|--|---|---|------------------|--|--------|--------------------|---|-----------------------------------|---|--|--|---|--|--|--|
| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol M&T BANK CORP [MTB] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | |
| GEISEL GARY N | | | | | | The state of the s | | | | | | | | X | Direc | tor | | 10% O | wner | | |
| (Last) (First) (Middle) | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2021 | | | | | | | | | Office below | er (give title w) | | Other (below) | | |
| 910 SOUTH RIVER LANDING ROAD | | | | | | _ | | | | | | | | | | | | | | | |
| (Street) | | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| EDGEW | ATER | MD | 2 | 1037 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | | (Sta | te) (2 | Zip) | | | | | | | | | | | | 1 0130 | | | | | |
| | | | Table | I - No | n-Deriva | tive S | Secu | rities | Acc | uired | , Dis | posed of | , or B | enef | icially | / Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execution Dat | | Date, | Transaction Dispo | | 4. Securities Disposed O 5) | | | 4 and Securi Benefi | | ties Fo cially (D) d Following (I) | | wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | Code | v | Amount | (A) or (D) | Pric | e | Transa | saction(s) . 3 and 4) | | | (11150.4) | |
| Common Stock 04/01/20 | | | | | | 021 | | | A ⁽¹⁾ | | 257 | A | \$1 | 51.61 | .61 19,720 | | | D | | | |
| Common Stock | | | | | | | | | | | | | 2 | ,990 | | I | By IRA | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date | | | 3. Transaction Date (Month/Day/Year) | Execut | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Da (Month/Day/Yo | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownershij (Instr. 4) | |
| | | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |

Explanation of Responses:

1. This transaction represents stock received by the reporting person in lieu of cash fees pursuant to the M&T Bank Corporation 2008 Directors' Stock Plan.

Remarks:

By: Stephen T. Wilson, Esq. (Attorney-In-Fact)

04/05/2021

** 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.