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 |
| bligations may continue. See |
| activation 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* MCLENDON HEATH B | | | | | | 2. Issuer Name and Ticker or Trading Symbol M&T BANK CORP [MTB] | | | | | | | | | all app Dired | p of Reportin blicable) ctor er (give title | | 10% C | | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----|---------|--------------------------------|-------|--------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------|------------|----------------|--------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|--|
| (Last) (First) (Middle) 850 CLAYTON AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2005 | | | | | | | | | belov | | X y Dire | below) | | |
| (Street) BAY HEAD NJ 08742 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | ′ | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | | Execution Date | | | 3. Transaction Code (Instr. 8) 4. Securiti Disposed | | | | | and 5) Secur Benef | | icially d Following | Form: | nership Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pri | ce | Trans | action(s) 3 and 4) | | | (mour 4) | |
| Common Stock 07/01/2 | | | | | | 005 | | A ⁽¹⁾ | | 66 A \$1 | | \$1 | 05.16 | 3 | 34,936 | | D | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month/Day/Sear) | | n Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Number of Title Shares | | Deri Sec (Ins: | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dir or (I) | vnership rm: ect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Stock received in lieu of cash fees pursuant to the M&T Bank Corporation Directors' Stock Plan.

Remarks:

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

07/06/2005

** 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.