#### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5           |
| obligations may continue. See          |
| nstruction 1(b).                       |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO                | OVAL      |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| 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

| Name and Address of Reporting Person*     HODGSON PATRICK W E |  |    |                              |                               |   | 2. Issuer Name and Ticker or Trading Symbol  M&T BANK CORP [ MTB ] |                                   |                             |       |   |                        |  |         | 5. Relationship of Reporting Person(s) to Issue (Check all applicable)  X Director 10% Own   |   |   |   |  |
|---|--|----|------------------------------|-------------------------------|---|--|-----------------------------------|-----------------------------|-------|---|------------------------|--|---------|--|---|---|---|--|
|   | ORD ROA  | ,  | Middle)                      |                               |   | Date of Earliest Transaction (Month/Day/Year)<br>0/01/2007         |                                   |                             |       |   |                        |  |         |  | fficer (give ti<br>elow)  |   |   | er (specify<br>ow)                       |
| 2ND FLOOR  (Street)  TORONTO A6 M5R 2K2                       |  |    |                              |                               |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)           |                                   |                             |       |   |                        |  |         | 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)  |    | Zip)                         | lon Doriv                     | otivo   | Sooi   | ıritio                            | - Λ <i>α</i>                | auiro | d D   | ionocod o              | of or B  | Conofio | ially Ou   | unad  |   |   |  |
| 1. Title of Security (Instr. 3)  2. Tran Date                 |  |    | 2. Transacti                 | on 2A. Deemed Execution Date, |   | ate,   | 3.<br>Transaction<br>Code (Instr. |                             |       |   |                        | 5. Amount of                                   |         | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |   | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |   |  |
|   |  |    |                              |                               |   |  |                                   |                             | Code  | v   | Amount                 | (A) or<br>(D)                                  | Price   | Trans  | action(s)<br>3 and 4)   |   |   | (Instr. 4)                               |
| Common Stock 10/02  |  |    |                              | 10/01/2                       | )07   |  |                                   | A <sup>(1)</sup>            |       | 65  | A                      | \$103.4  | 45      | 2,923  |   | D   |   |  |
| Common Stock  |  |    |                              |                               |   |  |                                   |                             |       |   |                        |  |         | 2  | 5,000   |   | I | By<br>Cinnamon<br>Investments<br>Limited |
| Common  | Stock  |    |                              |                               |   |  |                                   |                             |       |   |                        |  |         |  | 6,000   |   | I | By Wife <sup>(2)</sup>                   |
|   |  | Та | ble II                       |                               |   |  |                                   |                             |       |   | oosed of,<br>convertib |  |         |  | ed  |   |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any |    | 4.<br>Transa<br>Code (<br>8) |                               | 5. Nur<br>of<br>Deriva<br>Secur<br>Acqui<br>(A) or<br>Dispo<br>of (D)<br>(Instr.<br>and 5 | ative<br>rities<br>ired<br>sed                                     | Expira                            | e Exer<br>ation D<br>h/Day/ |       | 7. Title<br>Amoun<br>Securit<br>Underly<br>Derivat<br>Securit<br>and 4) | nt of<br>ties<br>ying  | 8. Price<br>Derivati<br>Security<br>(Instr. 5) |         | ve<br>es<br>ally<br>ng<br>d<br>tion(s)   | 10.<br>Ownersh<br>Form:<br>Direct (D<br>or Indirec<br>(I) (Instr. | Beneficial<br>Ownership<br>ct (Instr. 4)            |   |  |

# **Explanation of Responses:**

- 1. Stock received in lieu of cash fees pursuant to the M&T Bank Corporation Directors' Stock Plan.
- 2. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for the purposes of Section 16 or for any other purpose.

#### Remarks:

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

10/03/2007

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.