TOMPKINS FINANCIAL CORP Form 5 Januar FO

January 26, 2	2016									
FORM	15						OMB AI	PPROVAL		
	UNITED		SECURITIES AND EXCHANGE COMMISSION				OMB Number:	3235-0362		
Check this box if no longer subject		v	Washington, D.C. 20549					January 31, 2005		
to Section Form 4 or 5 obligatio may contin <i>See</i> Instruc	Form ANN ons nue. ction	OWN	ATEMENT OF CHANGES IN BENEFICIAL WNERSHIP OF SECURITIES ection 16(a) of the Securities Exchange Act of 1934,				Estimated average burden hours per response 1.0			
1(b). Form 3 Ho Reported Form 4 Transactio Reported	oldings Section 17(a) of the Public		ig Comp	any Act	of 1935 or Section	n			
MILEWSKI FRANK C S			er Name and Tic 1 PKINS FINA 7]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Month/I			Statement for Issuer's Fiscal Year Ended Ionth/Day/Year) 2/31/2015			X_ Director10% Owner Officer (give titleOther (specify below)below)				
C/O TOMPKINS FINANCIAL CORPORATION, P O BOX 460										
			Amendment, Date Original 6. Indi (Month/Day/Year)			6. Individual or Jo	idual or Joint/Group Reporting			
		T neu(n	ionalizeday, real)			(check	k applicable line))		
ITHACA,Â	NYÂ 14851					_X_ Form Filed by (Form Filed by M Person	One Reporting Po More than One R			
(City)	(State)	(Zip) Ta	able I - Non-Der	ivative Se	curities A	cquired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Code		d (A) or d of (D) , 4 and 5) (A) or	Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock (1)	Â	Â	Â	Amount Â	ÂÂÂ	17,814.05	D	Â		
Reminder: Rep	ort on a separate line	for each class of	Persons wi	no respoi	nd to the	collection of infor	mation	SEC 2270		

Remino securities beneficially owned directly or indirectly. contained in this form are not required to respond unless (9-02) the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year) re s		Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships					
Treporting o where	Director	10% Owner	Officer	Other			
MILEWSKI FRANK C C/O TOMPKINS FINANG P O BOX 460 THACA, NY 14851	CIAL CORPORATION	ÂX	Â	Â	Â		
Signatures							
s/ Frank C. ⁄Iilewski	01/25/2016						
**Cionatura of	Data						

<u>**</u>Signature of Reporting Person

M C P II S /s M

Date

Explanation of Responses:

- * 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).

Acquired in exchange of VIST Financial Corporation common stock for Tompkins Financial Corporation common stock. Exchange rate 0.3127. Merger date 8/1/2012. This Amendment is being filed to correct the number of shares of the Issuer's common stock held by Mr.

- Milewski on August 1, 2012, which inadvertently omitted 58 shares. These shares should also be included in Mr. Milewski's holdings in his Form 4 filed on August 13, 2012.
- (2) Includes shares acquired through reinvestment of quarterly dividends.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.