BOYCE DAVID S

Form 4 May 07, 2018

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

2 Jaguar Nama and Tiakar or Tradina

OMB Number:

Expires:

5 Relationship of Reporting Person(s) to

3235-0287

January 31, 2005

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OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

| BOYCE DAVID S | | | 2. Issuer Name and Ticker or Trading Symbol TOMPKINS FINANCIAL CORP [TMP] | | | | | Issuer (Check all applicable) | | | | |
|--------------------------------------|--|-------------------------|---|---|------------|---|-------------|--|--|---|--|--|
| (Last) | (First) (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | Director X_ Officer (g below) | 10% Owner Other (specify | | | |
| | IS FINANCIAL ATION, P O BOX | X 460 | 05/03/2 | 2018 | | | | EVP, Pre | es. & CEO To | mpkins Ins. | | |
| | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| ITHACA, | NY 14851 | | | | | | | Person | y Wore man On | ic Reporting | | |
| (City) | (State) | (Zip) | Tal | ole I - Non- | Derivativ | e Seci | ırities Ac | quired, Disposed | l of, or Benefi | icially Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any (Month/Da | Date, if | 3. Transaction Code (Instr. 8) | (Instr. 3, | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | 05/03/2018 | | | F | 216 (1) | D | \$ 77.97 | 21,653 | D | | | |
| Common Stock | | | | | | | | 616.292 | I | by 401(k)/ISOP | | |
| Common Stock | | | | | | | | 5,157.562 | I | by ESOP | | |
| Reminder: Re | eport on a separate lin | e for each cl | ass of sec | eurities bene | • | ons v | who resp | indirectly. | ection of | SEC 1474 | | |

information contained in this form are not

required to respond unless the form

(9-02)

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

| 1. Title of Derivative | 2. Conversion | 3. Transaction Date | | 4. | 5. ionNumber | 6. Date Exerc | | 7. Tit | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|--|---------------------|---|-----------------|-----------------|---------------------|--------------------|--------|--|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Month/Day/Year) | execution Date, if any (Month/Day/Year) | Code (Instr. 8) | of | . | | Under | rlying | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | 7 (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

BOYCE DAVID S TOMPKINS FINANCIAL CORPORATION P O BOX 460 ITHACA, NY 14851

EVP, Pres. & CEO Tompkins Ins.

Signatures

/s/ David S.

Boyce

05/04/2018

**Signature of

Date

Reporting Person

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).
- (1) Vested restricted shares withheld for taxes.

Note: File three copies of this Form, one of which must be manually signed. If space 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.

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