**Tomson Anders** Form 4 January 09, 2019

### FORM 4

### **OMB APPROVAL**

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

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

January 31, Expires: 2005

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction 1(b).

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

(Print or Type Responses)

Stock

Stock

Common

1. Name and Address of Reporting Person * Γomson Anders			2. Issuer Name <b>and</b> Ticker or Trading Symbol CHEMUNG FINANCIAL CORP [CHMG]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
	(First) IUNG CANAL D. BOX 1522	(Middle)	3. Date of (Month/D 01/09/20	•	ransaction			_X Director 10% OwnerX Officer (give title Other (specification)  President & CEO		
ELMIRA, N	(Street) Y 14902-1522			ndment, Da th/Day/Year	Č	1		6. Individual or J Applicable Line) _X_ Form filed by Form filed by Person	One Reporting Po	erson
(City)	(State)	(Zip)	Table	e I - Non-I	erivative :	Secur	ities Acc	quired, Disposed (	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution	med n Date, if Day/Year)	3. Transacti Code (Instr. 8)	4. Securion(A) or Di (D) (Instr. 3,	4 and (A) or	d of 5) Price	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	01/09/2019			A	590	A	\$ 40.2	17,459	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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By

Plan

Qualified

#### Edgar Filing: Tomson Anders - Form 4

# 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Amou or Title Numb of Share	ber	

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
• 0	Director	10% Owner	Officer	Other			
Tomson Anders							
ONE CHEMUNG CANAL PLAZA	X		President				
P.O. BOX 1522	Λ		& CEO				
ELMIRA, NY 14902-1522							

## **Signatures**

Kathleen S. McKillip, Attorney-in-Fact, pursuant to Power of Attorney dated June 20, 2012.

01/09/2019

\*\*Signature of Reporting Person

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).
- (1) Includes dividends issued periodically under issuer's dividend reinvestment plan.

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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