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FRANKLIN FINANCIAL SERVICES CORP /PA/

Form 4 April 07, 2015

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB AF	OMB APPROVAL		
Washington, D.C. 20549									OMB Number:	3235-0287		
Check this box if no longer GEAGERATION OF GWANGER BY DESIGNATION OF								Expires:	January 31,			
subject to Section 1 Form 4 o	STATEN. 16.	IENT OF C			BENEFI ITIES	CIA	L OWN	NERSHIP OF	Estimated average burden hours per			
Form 4 or 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)												
1. Name and Address of Reporting Person * Carmack Karen K 2. Issuer National Symbol ED ANKLI					Ticker or		ng	5. Relationship of Reporting Person(s) to Issuer				
		SE	ERVICES C	OR	P /PA/ []	FRAI	F]	(Check all applicable)				
(Last) 20 SOUTH	(M	3. Date of Earliest Transaction (Month/Day/Year) 01/14/2015					Director 10% Owner Other (specify below) below) SVP					
	(Street)			t Da	te Original			6. Individual or Jo		ng(Check		
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by O								One Reporting Person				
CHAMBER	RSBURG, PA 172	01						Form filed by M Person	lore than One Re	eporting		
(City)	(State)	(Zip)	Table I - No	on-D	erivative S	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Month/Day/Year) 2A. Deemed Execution Date, if (Instr. 3) any (Month/Day/Year)			Code		4. Securit n(A) or Di (Instr. 3,	sposeo 4 and	d of (D)	5. Amount of Securities Beneficially Owned Following Reported	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						(A)		Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Franklin			Code	V	Amount	(D)	Price	(msu. 3 and 4)				
Financial Services Corp	01/14/2015		A	V	1 (1)	A	\$ 21.6	187	D			
Franklin Financial Services Corp	01/28/2015		A	V	2 (1)	A	\$ 21.36	189	D			
Franklin Financial Services Corp	02/18/2015		A	V	1 (1)	A	\$ 25	192 (2)	D			

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Franklin Financial Services Corp	03/18/2015	A	V 1 (1)	A	\$ 21.73	193	D
Franklin Financial Services Corp	03/18/2015	A	V 1 (1)	A	\$ 23.1	194	D

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

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 control number.

SEC 1474

(9-02)

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)	e 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Franklin Financial Services Corp	\$ 27.42	02/10/2015		E		500	02/10/2005	02/10/2015	Incentive Stock Options	500
Franklin Financial Services Corp	\$ 22.05	02/26/2015		A	1,875		08/26/2015	02/26/2025	Incentive Stock Options	1,875

Reporting Owners

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
Carmack Karen K							
20 SOUTH MAIN STREET			SVP				
CHAMBERSBURG, PA 17201							

Reporting Owners 2

Signatures

Karen K. 04/07/2015 Carmack

**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) Purchased through Franklin Financial's Stock Purchase Program.
- (2) Balance includes 2 shares purchased on 2/25/15 through Franklin Financial'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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