Edgar Filing: FRANKLIN FINANCIAL SERVICES CORP /PA/ - Form 5

FRANKLIN FINANCIAL SERVICES CORP /PA/

Form 5

January 27, 2014

FORM	15								OMB AF	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB Number:	3235-0362			
Check the			Was	shington, D	Expires:	January 31,						
to Section Form 4 o 5 obligati may cont	n 16. r Form ANN ions		TEMENT OF CHANGES IN BENEFICIAL WNERSHIP OF SECURITIES						Estimated average burden hours per response 1.0			
See Instru 1(b).	Filed pur Filed pur Foldings Section 17(a) of the P	ublic U		g Compa	any A	Act of 19	Act of 1934, 935 or Section	· 1			
1. Name and A	Address of Reporting Ronald L							5. Relationship of Reporting Person(s) to ssuer (Check all applicable)				
(Last)	(First) (I							Director X Officer (give clow)		Owner r (specify		
20 S MAIN 6010	I STREET, PO I	BOX	12/31/2	013					SVP			
	(Street)		4. If Amendment, Date Original 6. Filed(Month/Day/Year)				. Individual or Joint/Group Reporting					
								(check	applicable line)			
CHAMBEI	RSBURG, PAÂ	17201					_	(_ Form Filed by (_ Form Filed by M erson				
(City)	(State)	(Zip)	Tabl	le I - Non-Der	ivative Sec	curitie		ed, Disposed of	or Beneficial	v Owned		
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution any		ed Date, if	3. 4. Secur			equired d of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Franklin					Amount	or (D)	Price	4)				
Financial Services Corp.	09/12/2013	Â		P	6 (1)	A	\$ 16.23	1,386	D	Â		
Franklin Financial Services Corp.	09/26/2013	Â		P	6 (1)	A	\$ 16.13	1,392	D	Â		

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Franklin Financial Services Corp.	10/10/2013	Â	P	6 (1)	A	\$ 16.05	1,398	D	Â
Franklin Financial Services Corp	10/24/2013	Â	P	6 (1)	A	\$ 16.1	1,404	D	Â
Franklin Financial Services Corp	11/14/2013	Â	P	6 (1)	A	\$ 16.38	1,410	D	Â
Franklin Financial Services Corp.	11/27/2013	Â	P	6 <u>(1)</u>	A	\$ 16.9	1,430 (2)	D	Â
Franklin Financial Services Corp	12/12/2013	Â	P	6 (1)	A	\$ 17.2	1,436	D	Â
Franklin Financial Services	12/26/2013	Â	P	6 (1)	A	\$ 17.08	1,442	D	Â

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 2270 (9-02)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	ınt of	Derivative	of
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	D
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Se
	Derivative				Securities			(Instr.	3 and 4)		В
	Security				Acquired						О
					(A) or						Eı
					Disposed						Is
					of (D)						Fi
					(Instr. 3,						(I
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date	Title	of		
					(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Cekovich Ronald L 20 S MAIN STREET PO BOX 6010

 \hat{A} \hat{A} \hat{A} SVP \hat{A}

CHAMBERSBURG, Â PAÂ 17201

Signatures

Ronald L. Cekovich by Catherine C. Angle, Corporate Secretary

01/27/2014

**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) Purchased through Franklin Financial's Stock Purchase Program.
- (2) Balance includes 14 shares purchased on 11/27/13 through Franklin Financial's Dividend Reinvestment Plan.

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.

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