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FRANKLIN FINANCIAL SERVICES CORP /PA/

Form 4

November 30, 2016

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB APPROVAL			
								OMB Number:	3235-0287		
Check this box								Expires:	January 31,		
subject to Section	if no longer subject to Section 16. Form 4 or STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						NERSHIP OF	Estimated average burden hours per response 0.5			
Form 5 obligation may con <i>See</i> Instruction 1(b).	Section 17(a) of the P	ublic Ut		ling Con	npany	Act of	e Act of 1934, 1935 or Section	·	0.0	
(Print or Type	Responses)										
1. Name and Address of Reporting Person ** Hanks Patricia A			2. Issuer Name and Ticker or Trading Symbol FRANKLIN FINANCIAL					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	Ş	SERVICES CORP /PA/ [FRAF]					(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)					Director _X_ Officer (give below)		Owner r (specify	
BOX 6010	MAIN STREET,	PO	11/30/20	016					SVP		
Filed(Mon				Amendment, Date Original (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			
CHAMBER	RSBURG, PA 1720)1						Person			
(City)	(State)	Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	ity (Month/Day/Year) Execution Date, if			Code (Instr. 3, 4 and 5)				Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Franklin Financial Services Corp.	11/30/2016			P		, í	\$ 25.93	2,134 (1)	D		
Reminder: Rep	port on a separate line f	for each class	ss of secu	rities benef	-		-	ndirectly.	ion of	EC 1474	
					inform requir	nation ed to ys a o	contair respon	ned in this form a d unless the form y valid OMB cont	re not 1	(9-02)	

OMB APPROVAL

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orNumber	Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								Δ	mount		
						Date	Expiration	Title N	ı Iumber		
						Exercisable	Date	of			
				Code V	(A) (D)				hares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			

Hanks Patricia A 20 SOUTH MAIN STREET PO BOX 6010 CHAMBERSBURG, PA 17201

SVP

Signatures

Patricia A. Hanks by Amanda Ducey, Corporate Secretary

11/30/2016

**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).
- Total shares includes 17 shares purchased through the Dividend Reinvestment Plan

Remarks:

POA on file with Corporation.

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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