SPAIN JR WILLIAM D Form 5 February 14, 2011 FORM 5

Check this box if

no longer subject

to Section 16.

5 obligations

may continue. See Instruction

1(b).

Reported

1. Name and Address of Reporting Person \*

(First)

CORPORATION, PO BOX 460 (Street)

(Middle)

SPAIN JR WILLIAM D

TOMPKINS FINANCIAL

ITHACA. NYÂ 14851

Form 4 Transactions Reported

(Last)

Form 4 or Form

#### **OMB APPROVAL** OMB UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 January 31, Expires: 2005 Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL burden hours per **OWNERSHIP OF SECURITIES** response... 1.0 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer Symbol TOMPKINS FINANCIAL CORP (Check all applicable) [TMP]

\_X\_ Director 10% Owner Officer (give title Other (specify below) below)

6. Individual or Joint/Group Reporting

(check applicable line)

\_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person

(City)	(State)	(Zip) Tab	le I - Non-Der	vivative Se	ecuriti	es Acq	uired, Disposed	of, or Benefic	ially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi Acquired Disposed (Instr. 3, Amount	d (A) of d of (E 4 and (A) or	))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock Drip	11/15/2010	Â	L	110	A	\$ 0 (1)	2,265	Ι	By Rabbi Trust
Common Stock	Â	Â	Â	Â	Â	Â	45,186	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	84,140	Ι	By Partnership

3. Statement for Issuer's Fiscal Year Ended

4. If Amendment, Date Original

(Month/Day/Year)

Filed(Month/Day/Year)

12/31/2010

### Edgar Filing: SPAIN JR WILLIAM D - Form 5

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 Exer	cisable and	7. Tit	le and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	int of	Derivative	of
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Unde	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)		B
	Security				Acquired						0
					(A) or						E
					Disposed						Is
					of (D)						Fi
					(Instr. 3,						(I
					4, and 5)						
						Date Exercisable	Expiration Date	Title	Amount or Number of		
					(A) (D)				Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
1 0	Director	10% Owner	Officer	Other			
SPAIN JR WILLIAM D TOMPKINS FINANCIAL PO BOX 460 ITHACA, NY 14851	CORPORATION	ÂX	Â	Â	Â		
Signatures							
/s/ William D. Spain, Jr.	02/11/2011						
**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) Shares acquired through reinvestment of quarterly cash dividends.

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.