Form 5 February 13, 201	9									
FORM 5					OMB AP	PROVAL				
Check this box i	COMMISSION	OMB Number:	3235-0362 January 31,							
no longer subjec to Section 16. Form 4 or Form 5 obligations may continue.		NUAL ST	Expires: Estimated av burden hour response	2005 verage						
See InstructionFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934,1(b).Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,Form 3 HoldingsSection 17(a) of the Public Utility Holding Company Act of 1935 or SectionReported30(h) of the Investment Company Act of 1940TransactionsReportedReported30(h) of the Investment Company Act of 1940										
1. Name and Address of Reporting Person <u>*</u> Halliday Sarah A			2. Issuer Name <b>and</b> Ticker or Trading Symbol NBT BANCORP INC [NBTB]	5. Relationship of I Issuer						
(Last) 52 SOUTH BRC	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2018	Director Officer (give to below)		) Owner r (specify				
52 500 III BRC				EVP/Presid	lent Comm Banking					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)	oint/Group Reporting						

#### NORWICH, NYÂ 13815

Halliday Sarah A

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

(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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. Securitie (A) or Disp (Instr. 3, 4 a)	osed c	of (D)	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)	
NBT Bancorp Inc. Common Stock	12/31/2018	Â	J	251.834	А	\$ 0 (1)	1,285.834	I	401k	
NBT Bancorp Inc. Common Stock	Â	Â	Â	Â	Â	Â	6,137	D	Â	

#### Edgar Filing: Halliday Sarah A - 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 **SEC 2270** contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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. Number of Derivative 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)	
					(A) (	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock	Â	12/31/2018	Â	J	15.145 ( <u>3)</u>	Â	(2)	(2)	NBT Bancorp Inc. Common Stock	15.145

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
I O	Director	10% Owner	Officer	Other				
Halliday Sarah A 52 SOUTH BROAD STREET NORWICH, NY 13815	Â	Â	EVP/President Comm Banking	Â				
<b>O</b> !								

## Signatures

By: Michael J. Chewens, Power of Attorney For: Sarah A. 02/13/2019 Halliday \*\*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). \*\*
- Shares were purchased through payroll deferral and/or dividend reinvestment from 1/1/2018 to 12/31/2018 through NBT Bancorp Inc. (1)401k Plan.
- Each share of phantom stock is deemed invested in one share of NBT Bancorp Inc. common stock pursuant to the terms of the Deferred (2)Compensation Plan.
- Shares were purchased through payroll deferral and/or dividend reinvestment from 1/1/2018 to 12/31/2018 through a NBT Bancorp Inc. (3) deferred compensation 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.

(9-02)