## Edgar Filing: FRANKLIN FINANCIAL SERVICES CORP /PA/ - Form 4

#### FRANKLIN FINANCIAL SERVICES CORP /PA/

Form 4

September 12, 2016

FORM 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Workington, D.C. 20540
Check this box	Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

response... 0.5

if no longer subject to Section 16. Form 4 or

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

Form 5

obligations

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Heckman Lorie M.

(Last) (First) (Middle)

20 S. MAIN STREET

(Street)

2. Issuer Name and Ticker or Trading

Symbol

FRANKLIN FINANCIAL SERVICES CORP /PA/ [FRAF]

3. Date of Earliest Transaction

(Month/Day/Year) 09/08/2016

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

Director 10% Owner X\_ Officer (give title \_ Other (specify

below) below) **SVP** 

6. Individual or Joint/Group Filing(Check

Applicable Line)

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

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

CHAMBERSBURG, PA 17201

(State)

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) (Instr. 3)

(Zip)

Execution Date, if Code (Month/Day/Year) (Instr. 8)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect (I) (Instr. 4)

Beneficial Ownership (Instr. 4)

(A) Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

Franklin

Corp.

(City)

Financial Services

09/08/2016

 $100 \frac{(1)}{2} A = \begin{cases} 1 & 1 \\ 21 & 27 \end{cases}$ 

730 (2)

D

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

1

## Edgar Filing: FRANKLIN FINANCIAL SERVICES CORP /PA/ - Form 4

# 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. Transacti Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year)		7. Title and Am Underlying Sec (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Franklin Financial Services Corp ISOP	\$ 21.27	09/08/2016		Е	100	08/25/2016	02/25/2026	Franklin Financial Services Corporation	100

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
•	Director	10% Owner	Officer	Other		
Heckman Lorie M.						

20 S. MAIN STREET CHAMBERSBURG, PA 17201

**Signatures** 

Lorie M. Heckman, by Amanda M. Ducey, Corporate Secretary 09/12/2016

\*\*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).

**SVP** 

- (1) Shares exercised through the Incentive Stock Option Plan.
- (2) Total shares includes 15 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.

Reporting Owners 2