PATHFINDER BANCORP INC

Form 5

February 14, 2005

| FORM | 15 | | | | | OMB AI | PROVAL | | |
|---|---|---|--|---|--|--|---|--|--|
| . • | | | | D EXCHANGE (| COMMISSION | OMB Number: | 3235-0362 | | |
| Check this no longer | | Wa | shington, D | D.C. 20549 | | Expires: | January 31, | | |
| to Section Form 4 of 5 obligati may cont See Instru | n 16. r Form ANN ions inue. | | | HANGES IN BEN SECURITIES | EFICIAL | Estimated a burden hou response | rs per | | |
| 1(b). | Filed pur foldings Section 17(| a) of the Public U | Itility Holdin | Securities Exchanging Company Act of 194 | f 1935 or Section | ı | | | |
| MILLER MELISSA A Syn PA | | | _ | | | Relationship of Reporting Person(s) to suer (Check all applicable) | | | |
| (Last) | (First) (I | (Month/ | 12/31/2004 below) | | | | e title 10% Owner Other (specify below) | | |
| 214 WEST | FIRST STREET | | | | VP, Chief | Operating Of | ficer | | |
| | (Street) | | endment, Date onth/Day/Year) | Original | 6. Individual or Joi | nt/Group Rep | | | |
| OSWEGO, | NY 13126 | | | | _X_ Form Filed by C Form Filed by M Person | | | | |
| (City) | (State) | (Zip) Tab | ole I - Non-Dei | rivative Securities Acc | quired, Disposed of, | or Beneficial | ly 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. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5) | | Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | 12/31/2004 | Â | A | (A) or Amount (D) Pri 181 (1) A \$ 16.6 | (Instr. 3 and 4) | (Instr. 4) | Â | | |
| Reminder: Rep | port on a separate line | | Persons who respond to the collection of information contained in this form are not required to respond unless | | | | SEC 2270 (9-02) | | |

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

the form displays a currently valid OMB control number.

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| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exerc | cisable and | 7. Title | e and | 8. Price of | |
|-------------|-------------|---------------------|--------------------|-------------|------------|---------------|-------------|----------|----------|-------------|--|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transaction | Number | Expiration D | ate | Amou | nt of | Derivative | |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Under | lying | Security | |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Securi | ties | (Instr. 5) | |
| | Derivative | | | | Securities | | | (Instr. | 3 and 4) | | |
| | Security | | | | Acquired | | | | | | |
| | | | | | (A) or | | | | | | |
| | | | | | Disposed | | | | | | |
| | | | | | of (D) | | | | | | |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | | | | or | | |
| | | | | | | Date | Expiration | | Number | | |
| | | | | | | Exercisable | Date | | of | | |
| | | | | | (A) (D) | | | | Shares | | |
| | | | | | (4) (1) | | | | SHales | | |

of D

Fi

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|-----------------------------|-------|--|--|--|
| reporting of their runner, reduces | Director | 10% Owner | Officer | Other | | | |
| MILLER MELISSA A 214 WEST FIRST STREET OSWEGO, NY 13126 | Â | Â | VP, Chief Operating Officer | Â | | | |

Signatures

/s/ Annette Burns as Power of Attorney for Melissa A.
Miller 02/14/2005

**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) Employee Stock Ownership Plan annual share allocation

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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