FSB Community Bankshares Inc Form 3 August 10, 2007 FORM 3 UNITED STA

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and A Person <u>*</u> Lindsay		porting	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol FSB Community Bankshares Inc [NONE]							
(Last)	(First)	(Middle)	08/10/2007	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Officer10% Owner (give title below) (specify below)			5. If Amendment, Date Original Filed(Month/Day/Year)				
45 SOUTH FAIRPORT	(Street)						 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City)	(State)	(Zip) Table I - Non-Derivative Securities Beneficially Owned									
1.Title of Secu (Instr. 4)	ırity		2. Amount or Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1				
Common S	tock		1,000		D	Â					
Reminder: Rep owned directly	-		ich class of securities benefici	ially SI	EC 1473 (7-02)					
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,	Table II - De	rivative Secu	rities Beneficially Owned (e.	.g., puts, calls,	warrants, opt	ions, c	onvertible securities)				

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	~	

OMB APPROVAL

Estimated average burden hours per

3235-0104

January 31,

2005

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Number:

Expires:

response...

Shares

(I) (Instr. 5)

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Lindsay Gary ÂX Â Â Â **45 SOUTH MAIN STREET** FAIRPORT, NYÂ 14450 Signatures /s/ Steven Lanter, pursuant to power of 08/10/2007 attorney **Signature of Reporting Person Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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).

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.