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

#### FRANKLIN FINANCIAL SERVICES CORP /PA/

Form 4

November 17, 2016

FORM	1 4										PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number: 3235-028				
Check the if no long subject to Section 1 Form 4 co	ger STA 6. or	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES								Expires: January 3 Estimated average burden hours per response 0		
obligation may con	obligations may continue.  See Instruction  See Instruction  See Instruction  Obligations of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							n				
(Print or Type	Responses)											
1. Name and Address of Reporting Person * Cekovich Ronald L				2. Issuer Name and Ticker or Trading Symbol FRANKLIN FINANCIAL SERVICES CORP /PA/ [FRAF]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) (First) (Middle) 20 S MAIN STREET				3. Date of Earliest Transaction (Month/Day/Year) 11/16/2016					Director _X Officer (give below)	re title 10% Owner Other (specify below) SVP		
СНАМВЕБ	(Street)	1720	)1		ndment, Dat th/Day/Year)	e Original			6. Individual or Jo Applicable Line) _X_ Form filed by 1 Form filed by 1 Person	oint/Group Filii	erson	
(City)	(State)	(2	Zip)	Table	e I - Non-Do	erivative S	Securi	ties Acc	quired, Disposed o	f, or Beneficial	ly Owned	
(Instr. 3) any		med on Date, if Day/Year)	Transaction(A) or Disp Code (D) (Instr. 8) (Instr. 3, 4		sposed of 4 and 5) (A)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Franklin					Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Financial Services Corp.	11/16/2016	5			P	4	A	\$ 24.7	2,181	D		
Reminder: Rep	oort on a separat	e line f	or each c	ass of secur	rities benefic	-		-				
							ation	contai	ond to the collect ned in this form	are not	EC 1474 (9-02)	

displays a currently valid OMB control

number.

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# 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title Amour Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other			
Cekovich Ronald L							
20 S MAIN STREET			SVP				
CHAMBERSBURG, PA 17201							

#### **Signatures**

Ronald L. Cekovich by Amanda M. Ducey, Corporate
Secretary

11/17/2016

\*\*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).

#### **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.

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