FINANCIAL INSTITUTIONS INC

Form 4 May 09, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

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obligations

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

| DODINGON LAMEG LEON | | | 2. Issuer Name and Ticker or Trading Symbol | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
|------------------------|--------------------------------------|---------------------------|--|--------------|--|---------------------------------------|--|---------------------------|-----------------------|--|
| FINA | | | FINANCIAL INSTITUTIONS INC [FISI] | | | | (Check all applicable) | | | |
| (Last) | | (Mon | 3. Date of Earliest Transaction (Month/Day/Year) | | | _X_ Director Officer (gives below) | | 6 Owner er (specify | | |
| 220 LIBERTY STREET | | | 05/07/2014 | | | | | | | |
| (Street) | | | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | Filed(Month/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| WARSAW, NY 14569 | | | | | | | | | | |
| (City) | (State) (Z | Zip) | able I - Non-I | Derivative S | Securi | ties Ac | quired, Disposed | of, or Beneficia | lly Owned | |
| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date | 3. | 4. Securi | | \r | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect | |
| (Instr. 3) | | | Code | | | | Beneficially (D) or Beneficial | | | |
| , ,, | | (Month/Day/Y | ear) (Instr. 8) | * ` ′ | | Owned | Indirect (I) | Ownership | | |
| | | | | | | | Following | (Instr. 4) | (Instr. 4) | |
| | | | | | (A) or | | Reported Transaction(s) | | | |
| | | | Code V | ' Amount | | Price | (Instr. 3 and 4) | | | |
| Common Stock | 05/07/2014 | | A | 900 | A | \$0 | 13,307 | 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.

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

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| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transactio | 5. orNumber | 6. Date Exerc Expiration D | | 7. Title at Amount of | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|---|--------------------------------------|------------------|------------------|---|-------------------------------|--------------------|--|-------------------------|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (monda, Day, Teal) | (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/ | | Underlyin Securities (Instr. 3 a | ng s | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | or Title Nu of | nount umber uares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| ROBINSON JAMES LEON 220 LIBERTY STREET WARSAW, NY 14569 | X | | | | | |

Signatures

/s/ Michael D. Grover, by power of attorney

**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).

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