FREER PATRICK J

Form 4

December 30, 2005

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

2. Issuer Name and Ticker or Trading

OMB

OMB APPROVAL

Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

Issuer

January 31, 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

obligations 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

Symbol

1(b).

(Print or Type Responses)

FREER PATRICK J

1. Name and Address of Reporting Person *

			FULTON FINANCIAL CORP [FULT]					•	(Check all applicable)			
(Last)	(First) (1	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/09/2005						X Director 10% Owner Officer (give title below) Other (specify below)			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
PA									Form filed by Person	More than One R	Reporting	
(City)	(State)	(Zip)	Tabl	e I - No	on-D	erivative	Secur	ities Ac	equired, Disposed	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution		3. Transa Code (Instr.		4. Securi nAcquired Disposed (Instr. 3,	l (A) c l of (D))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
\$2.50 par value common stock	12/09/2005			G	V	320	D	\$ 0	45,799.8031	I	Strickler Insurance Agency, Inc. (1)	
\$2.50 par value common stock	12/12/2005			G	V	120	D	\$ 0	45,679.8031	I	Strickler Insurance Agency, Inc. (1)	
\$2.50 par value common stock	12/14/2005			G	V	120	D	\$0	45,559.8031	I	Strickler Insurance Agency, Inc. (1)	

Edgar Filing: FREER PATRICK J - Form 4

\$2.50 par value common stock	12/21/2005	G	V	300	D	\$0	45,259.8031	I	Strickler Insurance Agency, Inc. (1)
\$2.50 par value common stock							21,796.5671 (2)	D	
\$2.50 par value common stock							233.906	I	Spouse

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secun Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
FREER PATRICK J								
	X							
PA								

Reporting Owners 2

Deletionshins

Signatures

George R. Barr, Jr., Attorney-in-Fact

**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) The reporting person disclaims beneficial ownership of any shares held in the name of Strickler Insurance Agency, Inc. beyond his pro rata ownership of the Corporation.
- (2) Shares held jointly with spouse.

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.

Signatures 3