DePorter Michael J Form 5 February 14, 2018

OMB APPROVAL FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer DePorter Michael J Symbol FULTON FINANCIAL CORP (Check all applicable) [FULT] (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) Director 10% Owner Officer (give title (Month/Day/Year) Other (specify below) below) 12/31/2017 Principal Accounting Officer

CORPOR	TON FINANCIAI ATION, P.O. BO N SQUARE						Timeipai Ac	counting Offi	icei
	(Street)		4. If Amendment, Date Original 6. In Filed(Month/Day/Year)			ndividual or Joint/Group Reporting (check applicable line)			
LANCAS	ΓER, PA 1760)4					Form Filed by One Reporting Person Form Filed by More than One Reporting on		
(City)	(State)	(Zip) Ta	ble I - Non-Do	erivative Secu	rities	Acquired	l, Disposed of, o	r Beneficially	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 or Disposed (Instr. 3, 4 and Amount	of (D)		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
\$2.50 par value Common Stock	09/07/2017	Â	J	141.4019 (1)	A	\$ 14.28	947.8481	D	Â
\$2.50 par value Common Stock	11/10/2017	Â	J	5.4909 (2)	A	\$ 18.99	953.339	D	Â

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\$2.50 par value common stock	Â	Â	Â	Â	Â	Â	6,494.2271 (3)	I	By 401(k)
\$2.50 par value Common Stock	12/19/2017	Â	J	0.6811 (2)	A	\$ 17.9	1,087.6804	D	Â
\$2.50 par value Common Stock	12/19/2017	Â	J	0.9041 (2)	A	\$ 18.15	1,086.9993	D	Â
\$2.50 par value Common Stock	12/14/2017	Â	J	132.756 (1)	A	\$ 15.21	1,086.0952	D	Â

 $\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$

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of D

Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transaction	5. Number	6. Date Exerc Expiration D		7. Titl Amou		8. Price of Derivative
Security	or Exercise	,	any	Code	of	(Month/Day/		Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Expiration		or	
							Date	Title	Number	
									of	
					(A) (D)				Shares	

Reporting Owners

securities beneficially owned directly or indirectly.

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
DePorter Michael J C/O FULTON FINANCIAL CORPORATION P.O. BOX 4887, ONE PENN SQUARE LANCASTER. PA 17604	Â	Â	Principal Accounting Officer	Â				

Reporting Owners 2

Date

Signatures

John R. Merva, Attorney-in-Fact for Michael J.
DePorter
02/14/2018

**Signature of Reporting Person

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) Purchase made with cash in the Employee Stock Purchase Plan.
- (2) Dividend Reinvestment of shares.
- (3) Based on Plan Statement as of December 31, 2017.

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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