FULTON FINANCIAL CORP

Form 4

November 24, 2014

FORI	M /									OMB AP	PROVAL		
· Oiti	VI T UNITED	STATES				AND EXC 1, D.C. 2054		GE CO	MMISSION	OMB	3235-0287		
Check	this box	Number:	January 31										
if no lo subject Section	to SIAIE . 16.	Expires: 200 Estimated average burden hours per											
Form 4 Form 5 obligate may co See Ins 1(b).	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										response 0		
(Print or Type	e Responses)												
			Symbol I FULTON FINANCIAL CORP						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle)									Director 10% Owner Officer (give title Other (specify				
CORPOR	TON FINANCIAI ATION, P.O. BO N SQUARE		11/21/	-	,			bi	elow) Principal A	below) accounting Off	ïcer		
	(Street)		4. If An Filed(M			Date Original ar)		A	. Individual or Join applicable Line) X_ Form filed by Or	ne Reporting Per	son		
LANCAS	TER, PA 17604							P	Form filed by Mo erson	ore than One Rep	orting		
(City)	(State)	(Zip)	Ta	ble I - I	Non-	Derivative Se	ecuriti	ies Acqui	red, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Transa Code (Instr.	8)	4. Securities nDisposed of (Instr. 3, 4 and Amount	(D)	red (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (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	09/19/2014			J	V	203.2624	A	\$ 9.9344	6,864.8555 (2)	D			
\$2.50 par value common stock	11/21/2014			S		3,000	D	\$ 12.3	3,907.3803 (3)	D			
\$2.50 par value									4,719.4742 (4)	I	By 401 (k)		

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common stock

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)

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 Secur Bene Owno 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			

DePorter Michael J C/O FULTON FINANCIAL CORPORATION P.O. BOX 4887, ONE PENN SQUARE LANCASTER, PA 17604

Principal Accounting Officer

Signatures

Mark A. Crowe, 11/24/2014 Attorney-in-Fact

**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).
- Purchase made with cash in the Employee Stock Purchase Plan.
- Includes 36.3935 shares acquired on July 21, 2014 under the Fulton Financial Corporation's Dividend Reinvestment Plan. Also, includes 1,233.0116 shares held jointly with spouse.

Reporting Owners 2

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- (3) Includes 42.5248 shares acquired on October 16, 2014 under the Fulton Financial Corporation's Dividend Reinvestment Plan. Also, includes 233.0116 shares held jointly with spouse.
- (4) Based on Plan Statement dated October 31, 2014.

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.