#### Edgar Filing: FULTON FINANCIAL CORP - Form 4

FULTON I Form 4 April 02, 24	FINANCIAL COF	RP												
											OMB AF	PROVAL		
FOR	UNITED	STATES					D EXCH .C. 20549		E CC	OMMISSION	OMB Number:	3235-0287		
	this box				_						Expires:	January 31,		
Subject to Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWNERSE SECURITIES Section 16(a) of the Securities Exchange Act of								Estimated a burden hour response			
obligat may co	ions Section 17	(a) of the l	Public 1	Utility	Ho	oldin		ny A	ct of 1	935 or Section				
(Print or Type	e Responses)													
1. Name and FREER PA	Address of Reporting ATRICK J	g Person <u>*</u>	Symbol	l			cker or Tra	-		5. Relationship of I ssuer				
[FUL]				T]						(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/18/2008						_	_X Director Officer (give ti eelow)		Owner er (specify		
DA	(Street)		4. If An Filed(M				Original		A	5. Individual or Joi Applicable Line) X_ Form filed by Ou Form filed by Mo	ne Reporting Pe	rson		
PA									F	Person				
(City)	(State)	(Zip)	Та	ble I - I	Non	-Deri	vative Sec	urities	s Acqui	red, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				d (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)				
** **				Code	V	I	Amount	(D)	Price	(Instr. 3 and 4)				
\$2.50 par value common stock	03/18/2008			G	v	4,8	24.6908	D	\$ 0	41,775	I	Strickler Insurance Agency		
\$2.50 par value common stock	03/18/2008			G	V	4,6	68.6908	A	\$ 0	29,070.2338 (1) (2)	D			
\$2.50 par value common stock	03/19/2008			G	V	41,	775	D	\$ 0	0	Ι	Strickler Insurance Agency		

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\$2.50 par value common stock	03/19/2008	G	V 40,407	A	\$0	69,477.2338 (2) (3)	D	
\$2.50 par value common stock						268.901	Ι	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.

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

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transactio	5. onNumber	6. Date Exe Expiration I	rcisable and Date	7. Title and Amount of	8. Price of Derivative	9. Nu Deriv
Security	or Exercise	· · · ·	any	Code	of	(Month/Day	/Year)	Underlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securities	(Instr. 5)	Bene
	Derivative				Securities	5		(Instr. 3 and 4)		Owne
	Security				Acquired					Follo
					(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
								Amount		
						Date	Expiration	or		

	Date Expiration Exercisable Date	Title	or Number of Shares
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### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FREER PATRICK J							
	Х						
PA							
Signatures							
George R. Barr, Jr., Attorney-in-Fact		04/02/200	8				
**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) Includes 4,668.6908 shares previously owned indirectly through Strickler Insurance Agency.
- (2) Shares held jointly with spouse.
- (3) Includes 45,075.6908 shares previously owned indirectly through Strickler Insurance Agency. The reporting person no longer has a vested interest in shares held by Strickler Insurance Agency.

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.