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Form 4 February 20,													
FORM	4				~					OMB AP	PROVAL		
	UNITED S	STATES				ND EXCI D.C. 2054		GE CO	OMMISSION	OMB Number:	3235-0287		
Check thi				8	,					Expires:	January 31,		
if no long subject to Section 1 Form 4 or			SEC	URI	ITIES		ERSHIP OF	Estimated average burden hours per response 0					
Form 5 obligatior may conti <i>See</i> Instru 1(b).	inue. Section 17(a	a) of the l	Public Ut	ility H	Iold		any A	Act of	Act of 1934, 1935 or Section)				
(Print or Type R	Responses)												
Shreiner James E Symbol FULTC			Symbol	er Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer				
			FULTON FINANCIAL CORP [FULT]						(Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/Date)			f Earliest Transaction Day/Year)					Director 10% Owner X Officer (give title Other (specify					
	DN FINANCIAL ΓΙΟΝ, ΟΝΕ ΡΕΝ	N	01/20/20	09					below) Sr Executi	below) ve Vice Preside	ent		
	(Street)		4. If Amer Filed(Mont			e Original			6. Individual or Join Applicable Line) _X_ Form filed by Or	ne Reporting Pers	son		
LANCASTE	ER, PA 17602								Form filed by Mo Person	ore than One Rep	orting		
(City)	(State)	(Zip)	Table	e I - No	on-De	erivative Se	curiti	es Acqu	iired, Disposed of,	or Beneficially	y Owned		
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code	V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Stock (Restricted shares subject to vesting)	01/20/2009			J	v	31.5591 (1)	A	\$ 8.21	1,758.9122	D			
\$2.50 par value common stock									105,840.2827 (2)	D			

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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 Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Shreiner James E C/O FULTON FINANCIAL CORPORA' ONE PENN SQUARE LANCASTER, PA 17602	ΓΙΟΝ		Sr Executive Vice President					
Signatures								
Mark A. Crowe, Attorney-in-Fact	2/20/2009							

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Reinvestment of Dividends

**Signature of Reporting Person

(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.