

FRANKLIN FINANCIAL SERVICES CORP /PA/

Form 4

January 09, 2015

FORM 4
UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Check this box
if no longer
subject to
Section 16.
Form 4 or
Form 5
obligations
may continue.
See Instruction
1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF
SECURITIES**

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
30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB
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(Print or Type Responses)

1. Name and Address of Reporting Person *
Cekovich Ronald L

2. Issuer Name **and** Ticker or Trading
Symbol

FRANKLIN FINANCIAL
SERVICES CORP /PA/ [FRAF]

5. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction
(Month/Day/Year)

09/17/2014

____ Director ____ 10% Owner
____X____ Officer (give title ____ Other (specify
below) below)
SVP

20 S MAIN STREET

(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
____ Form filed by More than One Reporting
Person

CHAMBERSBURG, PA 17201

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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)
			Code	V	Amount (A) or (D)	Price	
Franklin Financial Services Corporation	09/17/2014		P		5 ⁽¹⁾	A \$ 20.3	1,826 D
Franklin Financial Services Corporation	10/01/2014		P		5 ⁽¹⁾	A \$ 21.38	1,831 D
Franklin Financial Services Corporation	10/15/2014		P		5 ⁽¹⁾	A \$ 20.63	1,836 D

Franklin Financial Services Corporation	10/29/2014	P	5 <u>(1)</u>	A	\$ 21.28	1,841	D
Franklin Financial Services Corporation	11/19/2014	P	5 <u>(1)</u>	A	\$ 21.75	1,846	D
Franklin Financial Services Corporation	12/03/2014	P	4 <u>(1)</u>	A	\$ 23.03	1,864 <u>(2)</u>	D
Franklin Financial Services Corporation	12/17/2014	P	4 <u>(1)</u>	A	\$ 22.5	1,868	D
Franklin Financial Services Corporation	12/31/2014	P	4 <u>(1)</u>	A	\$ 22.1	1,872	D

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

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(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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reportable Transaction (Instr. 6)
				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
Cekovich Ronald L 20 S MAIN STREET CHAMBERSBURG, PA 17201			SVP	

Signatures

Ronald L. Cekovich by Lee Ann Novak, Corporate Secretary	01/09/2015
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__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) Shares purchased through Franklin Financial's Stock Purchase Program.
- (2) Balance includes 14 shares purchased on 11/26/14 through Franklin Financial's Dividend Reinvestment Program.

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.