FINANCIAL INSTITUTIONS INC

Form 4 May 06, 2005

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

30(h) of the Investment Company Act of 1940

OMB Number:

3235-0287

January 31, Expires:

2005

Estimated average burden hours per

response... 0.5

OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

Check this box

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 may continue.

See Instruction 1(b).

obligations

(Print or Type Responses)

05/04/2005

Stock

| Connolly Thomas P Symbol FINA | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--------------------------------------|---|--|--|--------------------------------------|-----|---|-------------------------------|--|--|--|----------|
| | | | FINANO [FISI] | FINANCIAL INSTITUTIONS INC [FISI] | | | | | (Check all applicable) | | |
| (Last) | (First) (M | Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | | | _X_ Director Officer (give | titleOthe | Owner er (specify | | |
| 220 LIBERTY STREET | | | 05/04/2005 | | | | | | below) | below) | |
| | (Street) | | 4. If Amer Filed(Mon | · | | te Original | | | 6. Individual or Jo Applicable Line) _X_ Form filed by | • | |
| WARSAW, NY 14569 | | | | | | | | Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Table | e I - Noi | n-D | erivative S | Secur | ities Acq | uired, Disposed o | f, or Beneficial | ly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deen Execution any (Month/D | Date, if | 3. Transa Code (Instr. | | 4. Securit r(A) or Dia (Instr. 3, | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | |
| Common | 05/04/2005 | | | Code | V | Amount | or (D) | Price | Transaction(s) (Instr. 3 and 4) | D | |

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

A

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.

D

273

18.29

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

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A

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| 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. Number one 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. I Der Sec (Ins |
|---|---|--------------------------------------|---|---------------------------------------|--|--|--------------------|---|--|----------------------------|
| | | | | Code V | (A) (I | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option (right to buy) | \$ 18.29 | 05/04/2005 | | A | 1,000 | <u>(1)</u> | 05/04/2015 | Common Stock | 1,000 | \$ |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| • | Director | 10% Owner | Officer | Other | | | |
| Connolly Thomas P 220 LIBERTY STREET WARSAW, NY 14569 | X | | | | | | |

Signatures

Michael D. Grover for Thomas P. O5/06/2005

**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) The option vests in three equal annual installments beginning on May 4, 2006.

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.

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