#### Edgar Filing: TOMPKINS TRUSTCO INC - Form 4

TOMPKINS 7 Form 4 May 23, 2005	TRUSTCO INC	1									
	Л								OMB AP	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer subject to Section 16.				ES IN E SECURI		CIAI	L OWNE	CRSHIP OF	Expires: Estimated a		
Form 4 or Form 5 obligations may contin <i>See</i> Instruc 1(b).	Filed pu Section 17	(a) of the	Section 16	(a) of the lity Holdi	Securitie	pany	Act of 19	Act of 1934, 935 or Section	burden hour response	s per 0.5	
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person *       2. Issuer *         STEWART DONALD S       Symbol         TOMPK*				Name and '			Is	Relationship of Reporting Person(s) to suer (Check all applicable)			
(Last)(First)(Middle)3. Date of 1 (Month/DaC/O TOMPKINS COUNTY TRUSTCO, INC., PO BOX 46005/20/20				y/Year)	nsaction			Director 10% Owner X Officer (give title Other (specify low) below) EVP, Senior Trust Officer			
(Street) 4. If Ameno Filed(Month				h/Day/Year) App				Individual or Joint/Group Filing(Check plicable Line) _ Form filed by One Reporting Person			
ITHACA, NY	7 14851							Form filed by Merson			
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	ecurit	ties Acquir	ed, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Execut any		3. Transacti Code (Instr. 8)	4. Securi otor Dispo (Instr. 3,	ties A sed of 4 and (A) or	cquired (A)		<ul> <li>6.</li> <li>Ownership</li> <li>Form:</li> <li>Direct (D)</li> <li>or Indirect</li> <li>(I)</li> <li>(Instr. 4)</li> </ul>	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock - 401K/ESOP	05/20/2005			S	1,166	D	\$ 42.7067	, 6,439	D		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>				Relationships	
		Director	10% Owner	Officer	Other
STEWART DONALD S C/O TOMPKINS COUNTY PO BOX 460 ITHACA, NY 14851	Y TRUSTCO, INC.			EVP, Senior Trust Officer	
Signatures					
Donald S. Stewart	05/20/2005				

\*\*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).

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.