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CANANDAIG Form 4 August 14, 200		VAL COR	Р										
	Л								OMB AP	PROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287			
Check this b if no longer					Expires:	January 31, 2005							
subject to Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP (SECURITIES								Estimated average burden hours per response 0.5				
Form 5 obligations may continue. See Instruction 1(b). 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													
(Print or Type Res	ponses)												
SHERIDAN ROBERT G Syn			Symbol						5. Relationship of Reporting Person(s) to				
			CORP [NONE]					(Check all applicable)					
(Last) 147 WEST GI	(Month/Day			//Year) —				_X Director 10% Owner _X Officer (give titleX Other (specify elow) below) Secretary / Officer of Subsidiaries					
(Street) 4. If Amendr Filed(Month/			/Day/Year) A				6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person						
CANANDAIGUA, NY 14424 Form filed by More than One Reporting Person													
(City)	(State)	(Zip)	Table I	- Non-Der	ivative Se	curiti	es Acqui	ired, Disposed of,	or Beneficiall	y Owned			
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)								6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						(A) or		Transaction(s)	(Instr. 4)				
Canandaigua				Code V	Amount		Price	(Instr. 3 and 4)					
National Corporation common	08/13/2008			S	258	D	\$ 310.14	4 332	D				
Canandaigua National Corporation common								81	Ι	Spouse			
Canandaigua National Corporation common								15	Ι	Child			

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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		ate	7. Title Amour Underl Securit (Instr.	nt of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans
	Security			•						
				Disposed of (D)						Trans (Instr
				(Instr. 3, 4, and 5)						(
				, u u)				Amount		
					Date Exercisable	Expiration Date	Title	or Number of		
			Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SHERIDAN ROBERT G 147 WEST GIBSON ST CANANDAIGUA, NY 14424	Х		Secretary	Officer of Subsidiaries			
Á A A A A A A A A A A A A A A A A A A A							

Signatures

08/14/2008			
00/14/2000			
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.