Chivinski H Form 5 February 14										
FOR	M 5							OMB AF	PPROVAL	
-	UNITED		SECURITIES AND EXCHANGE COMMISSI				OMMISSION	OMB Number:	3235-0362	
Check this box if no longer subject			Washington, D.C. 20549					Expires:	January 31, 2005	
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction			ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 193				Act of 1934,	Estimated a burden hou response	iverage	
Form 3 Reporter Form 4 Transact Reported	tions		e Utility Hold e Investment		-					
1. Name and Address of Reporting Person <u>*</u> Chivinski Beth Ann L			2. Issuer Name and Ticker or Trading Symbol FULTON FINANCIAL CORP				5. Relationship of Reporting Person(s) to Issuer			
			LT]				(Check all applicable)			
(Last) (First) (Middle)			 Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017 				Director10% Owner Officer (give titleOther (specify below)below)			
CORPOR	TON FINANCIAL ATION, P.O. BO N SQUARE	4					SEVP & (Chief Risk Off	icer	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)			
	<u> </u>									
LANCAS	ΓER, ΡΑ 1760	4				-	_X_ Form Filed by O Form Filed by M Person			
(City)	(State)	(Zip)	Table I - Non-D	erivative Se	curities	s Acau	ired, Disposed of,	or Beneficial	lv Owned	
1.Title of	2. Transaction Date		3.	4. Securiti		-	5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	if Transaction Code	(A) or Disposed of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned at end of Issuer's Fiscal	Ownership Form: Direct (D) or Indirect	Indirect Beneficial Ownership (Instr. 4)	
				Amount	(A) or (D)	Price	Year (Instr. 3 and 4)	(I) (Instr. 4)	(1150.4)	
\$2.50 par value common stock	05/03/2017	Â	J	37.0805 (1)	А	\$ 19	46,183.8364	D	Â	
\$2.50 par value c ommon stock	Â	Â	Â	Â	Â	Â	8,558.4468 (2)	I	By 401(k)	

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.

SEC 2270 (9-02)

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

Edgar Filing: Chivinski Beth Ann L - Form 5

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	e and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	int of	Derivative	of
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	D
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Se
	Derivative				Securities			(Instr	. 3 and 4)		В
	Security				Acquired						0
					(A) or						E
					Disposed						Is
					of (D)						Fi
					(Instr. 3,						(I
					4, and 5)						
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
					(<i>I</i>) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	Director 10% Owner		Other			
Chivinski Beth Ann L C/O FULTON FINANCIAL CORPORATION P.O. BOX 4887, ONE PENN SQUARE LANCASTER, PA 17604	Â	Â	SEVP & Chief Risk Officer	Â			
Signatures							
John R. Merva, Attorney-in-Fact for Beth Ann L. Chivinski		02/14/2018					
<u>**</u> 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) Dividend Reinvestment of shares.
- (2) Based on Plan Statement as of December 31, 2017.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.