#### HRABOWSKI FREEMAN A III

Form 4

January 04, 2006

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Check this box if no longer subject to

Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

**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

1(b).

(Last)

(City)

1.Title of

Security

(Instr. 3)

(Print or Type Responses)

1. Name and Address of Reporting Person \*

HRABOWSKI FREEMAN A III

(First)

(Middle)

2 HOPKINS PLAZA

(Street)

BALTIMORE, MD 21201

2. Issuer Name and Ticker or Trading

Symbol

MERCANTILE BANKSHARES CORP [(MRBK)]

3. Date of Earliest Transaction

(Month/Day/Year) 12/31/2005

4. If Amendment, Date Original

Filed(Month/Day/Year)

(State) (Zip)

(Month/Day/Year)

2. Transaction Date 2A. Deemed

3. 4. Securities

Execution Date, if TransactionAcquired (A) or Code (Month/Day/Year)

Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

(A) or

Code V Amount (D) Price

**OMB APPROVAL** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

Estimated average burden hours per

response...

0.5

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

X\_ Director 10% Owner Officer (give title Other (specify

below)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person \_ Form filed by More than One Reporting

Person

Securities

Owned

Beneficially

Following

Reported

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of 6. Ownership 7. Nature of

Form: Direct Indirect (D) or Indirect Beneficial Ownership (I)

(Instr. 4) (Instr. 4)

Transaction(s) (Instr. 3 and 4)

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

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.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionDerivative		Expiration Date	Underlying Securities	
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (ADisposed of (Instr. 3, 4, 5)	f (D)					(]
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(2)</u>	01/01/2006		A	27.5112		<u>(1)</u>	<u>(1)</u>	Common Stock	27.5112	
Phantom Stock Units	(2)	01/01/2006		A	500		<u>(3)</u>	<u>(3)</u>	Common Stock	500	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
HRABOWSKI FREEMAN A III 2 HOPKINS PLAZA BALTIMORE, MD 21201	X					

## **Signatures**

Dennis W. Kreiner p/a for Freeman A.
Hrabowski, III

01/04/2006

\*\*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) Acquired under Issuer's Unfunded Deferred Compensation Plan for Directors, and will be settled 100% in stock when the Reporting Person ceases to be a Director or at a later date to be determined by the Reporting Person.
- (2) 1 for 1
- Acquired under Issuer's Stock Retainer and Deferred Compensation Plan for Non-Employee Directors, adopted by the stockholders on (3) May 10, 2005, and will be settled 100% in stock when the reporting person ceases to be a Director or at a later date to be determinded by the Reporting Person.

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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