

FRANKLIN FINANCIAL SERVICES CORP /PA/
Form 4
April 07, 2015

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2015
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *
Carmack Karen K

2. Issuer Name and Ticker or Trading Symbol
FRANKLIN FINANCIAL SERVICES CORP /PA/ [FRAF]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
20 SOUTH MAIN STREET
(Street)

3. Date of Earliest Transaction (Month/Day/Year)
01/14/2015

____ Director
 Officer (give title below)
____ 10% Owner
____ Other (specify below)
SVP

CHAMBERSBURG, PA 17201

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
____ Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
			Code	V	Amount or Price		
Franklin Financial Services Corp	01/14/2015		A	V	1 <u>(1)</u>	A	\$ 21.6 187
Franklin Financial Services Corp	01/28/2015		A	V	2 <u>(1)</u>	A	\$ 21.36 189
Franklin Financial Services Corp	02/18/2015		A	V	1 <u>(1)</u>	A	\$ 25 192 <u>(2)</u>

Franklin Financial Services Corp	03/18/2015	A	V	1 (1)	A	\$ 21.73	193	D
Franklin Financial Services Corp	03/18/2015	A	V	1 (1)	A	\$ 23.1	194	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.

SEC 1474
(9-02)

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. Transaction Code (Instr. 8)	5. Number of 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)	Amount or Number of Shares	
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	
Franklin Financial Services Corp	\$ 27.42	02/10/2015		E	500	02/10/2005	02/10/2015	Incentive Stock Options	500
Franklin Financial Services Corp	\$ 22.05	02/26/2015		A	1,875	08/26/2015	02/26/2025	Incentive Stock Options	1,875

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Carmack Karen K 20 SOUTH MAIN STREET CHAMBERSBURG, PA 17201			SVP	

Signatures

Karen K.
Carmack

04/07/2015

__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) Purchased through Franklin Financial's Stock Purchase Program.
- (2) Balance includes 2 shares purchased on 2/25/15 through Franklin Financial's Dividend Reinvestment Plan.

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.