Chivinski B Form 5 February 14 FORN Check th no longer to Section	t, 2019 A 5 UNITED is box if r subject n 16.		Wa	shington, D	.C. 2054	9		OMMISSION EFICIAL	OMB AF OMB Number: Expires: Estimated a	PROVAL 3235-0362 January 31, 2005 verage	
Form 4 or Form 4 Sobligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Form 4 Transactions Reported											
1. Name and Address of Reporting Person Chivinski Beth Ann L			2. Issuer Name and Ticker or Trading Symbol FULTON FINANCIAL CORP [FULT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (I	(Middle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2018					led	Director 10% Owner Officer (give title Other (specify below) below)			
CORPORA	ON FINANCIAL ATION, P.O. BC N SQUARE	X 4887,						SEVP & (Chief Risk Off	icer	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)			
LANCAST	'ER, PA 17604	1						_X_ Form Filed by C Form Filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-Der	ivative Se	curitie	es Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)			3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
\$2.50 par value Common Stock	Â	Â		Â	Â	Â	Â	50,709.8364	D	Â	
\$2.50 par value Common Stock	Â	Â		Â	Â	Â	Â	8,815.0646 <u>(1)</u>	I	By 401(k)	

Reporting Owners

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)

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Security or Exercise any Code of (Month/Day/Year) Underlying Security (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Derivative Securities (Instr. 5) Derivative Security (Instr. 7) Derivative Securities (Instr. 3) and 4) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Amount Or Title Mount Or Number	6. Date Exercisable and 7. Title and 8. Price of 9.
(Instr. 3) Price of (Month/Day/Year) (Instr. 8) Derivative Securities (Instr. 5) Derivative Security Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Amount Title Or Number	r Expiration Date Amount of Derivative of
Derivative Security Security Security Security Security Security Security Securities (Instr. 3 and 4) (A) or Disposed of (D) (Instr. 3, 4, and 5) Securities (Instr. 3 and 4) Security	(Month/Day/Year) Underlying Security D
Security Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Amount or Fxercisable Date Expiration Title Number	ive Securities (Instr. 5) Securities
(A) or Disposed of (D) (Instr. 3, 4, and 5) Date Expiration or Fxercisable Date Title Number	es (Instr. 3 and 4) B
Disposed of (D) (Instr. 3, 4, and 5) Date Expiration or Fxercisable Date Title Number	ed O
of (D) (Instr. 3, 4, and 5) Date Expiration or Exercisable Date Title Number	E
(Instr. 3, 4, and 5) Date Expiration or Exercisable Date Title Number	
4, and 5) Amount Or Exercisable Date Title Number	F
Amount or Exercisable Date Title Number	Э, (І
Date Expiration or Exercisable Date Title Number	
(A) (D) Of Shares	Date Expiration Title Number Exercisable Date of

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	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	02/14/2019					
** 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) Based on Plan Statement as of December 31, 2018.

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.

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