

TOMPKINS TRUSTCO INC
 Form 3/A
 February 06, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF 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)

<p>1. Name and Address of Reporting Person *</p> <p>Â KLEIN GERALD J JR</p> <p>(Last) (First) (Middle)</p> <p>C/O TOMPKINS TRUSTCO, INC.,Â P.O. BOX 460</p> <p>(Street)</p> <p>ITHACA,Â NYÂ 14851</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>01/01/2007</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>TOMPKINS TRUSTCO INC [tmp]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Executive Vice Pres.</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> <p>01/05/2007</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
---	---	--	---	---	--

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	3,586	D	Â
Common Stock - 401K/ESOP	1,230	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	--	------------------------------------	---------------------------------	--

Edgar Filing: TOMPKINS TRUSTCO INC - Form 3/A

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Incentive Stock Option (right to buy)	Â (1)	06/04/2009	Common Stock	2,684	\$ 15.15	D	Â
Incentive Stock Option (right to buy)	Â (1)	07/24/2011	Common Stock	4,659	\$ 28.36	D	Â
Incentive Stock Option (right to buy)	Â (1)	09/30/2012	Common Stock	6,655	\$ 32.23	D	Â
Incentive Stock Option (right to buy)	Â (1)	05/03/2014	Common Stock	4,783	\$ 39.34	D	Â
Incentive Stock Option (right to buy)	Â (2)	01/23/2016	Common Stock	6,600	\$ 42.39	D	Â
Non-Qualified Stock Option (right to buy)	Â (1)	05/03/2014	Common Stock	1,751	\$ 39.34	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
KLEIN GERALD J JR C/O TOMPKINS TRUSTCO, INC. P.O. BOX 460 ITHACA, NY 14851	Â	Â	Â Executive Vice Pres.	Â

Signatures

Gerald J Klein Jr 02/06/2007
 **Signature of Date
 Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) The stock option becomes exercisable in four installments commencing two years after the grant date.
- (2) The stock option becomes exercisable in six installments commencing two years after the grant date.

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.