GOLDMAN MARSHALL I

Form 4

November 18, 2005

FORM	l 1				OMB A	PPROVAL
	- UNII	ED STATES	S SECURITIES AND EXCHANGE Washington, D.C. 20549	COMMISSION	OMB Number:	3235-028
Check thi if no long	or			VALEDCIAID OF	Expires:	January 31 200
subject to Section 1		IEMENI O	F CHANGES IN BENEFICIAL OV SECURITIES	WNERSHIP OF	Estimated a	~
Form 4 or					burden hou response	•
Form 5 obligation may continue See Instruction 1(b).	ns Section nue.	17(a) of the	Section 16(a) of the Securities Exchar Public Utility Holding Company Act of the Investment Company Act of 1	of 1935 or Section	1	
(Print or Type R	(esponses)					
1. Name and A GOLDMAN	•	_	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Issuer	Reporting Per	son(s) to
			CENTURY BANCORP INC [CNBKA]	(Check	all applicable	e)
(Last) 400 MYSTI	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/18/2005	X Director Officer (give t below)		Owner er (specify
	(Street)		4. If Amendment, Date Original	6. Individual or Joi	int/Group Filiı	ng(Check

Applicable Line)

X Form filed by One Reporting Person ___ Form filed by More than One Reporting

Filed(Month/Day/Year)

MED	FOR	D I	$\Lambda \Delta$	നാ 1	55

(City)	(State)	(Zip) Tabl	le I - Non-l	Derivative S	ecuriti	es Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securitie omr Disposec (Instr. 3, 4 a	d of (D)		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 Indirect Beneficial Ownership (Instr. 4)
Class A Common	11/18/2005		A	56.9218	A	\$ 31.52	2,550.3286	D	
Class A Common							3,000	I	By daughter Avra
Class A Common							3,000	I	By daughter Karla
Class A Common							3,000	I	By Son Seth
							30,000	D	

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Class B
Common

Class B Common	3,000	I	By daughter Avra
Class B Common	3,000	I	By daughter Karla
Class B Common	3,000	I	By Son Seth

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 required to respond unless the form displays a currently valid OMB control number.

(9-02)

9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

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.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorNumber	Expiration D	ate	Amou	ınt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	ı
	Derivative				Securities	3		(Instr.	3 and 4)		1
	Security				Acquired						1
	·				(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
					, ,						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						LACICISAUIC	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
GOLDMAN MARSHALL I 400 MYSTIC AVENUE MEDFORD, MA 02155	X					

Signatures

By: Paul V. Cusick, Jr., 11/18/2005 Attorney-In-Fact

> **Signature of Reporting Person Date

2 Reporting Owners

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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).

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.