## Edgar Filing: COVER ALEXANDER L - Form 4

COVER ALE Form 4	XANDER L										
March 15, 20	12										
FORM	Δ									PPROVAL	
	UNITED	STATES		ITIES Al hington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this if no longe subject to Section 16 Form 4 or Form 5	Filed pur										
obligations may continue. See Instruction 1(b).					ding Company Act of 1935 or Section						
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> COVER ALEXANDER L			2. Issuer Name and Ticker or Trading Symbol FIRST OF LONG ISLAND CORP [FLIC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) ( NATIONAL BA ND, 10 GLEN 1		3. Date of (Month/Da 03/15/20	-	insaction			X Director Officer (give below)	e title 10%	6 Owner er (specify	
				ndment, Date Original th/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
GLEN HEAD	D, NY 11545								More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year	) Execution any		3. Transactio Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	l (A) c l of (D 4 and (A)	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
C				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	03/15/2012			А	492	А	\$0	2,805	D		
Common Stock								500	Ι	By Spouse	

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.

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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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
F B	Director	10% Owner	Officer	Other				
COVER ALEXANDER L THE FIRST NATIONAL BANK OF LONG IS 10 GLEN HEAD ROAD GLEN HEAD, NY 11545	SLAND X							
Signatures								
Wayne B. Drake POA Alexander L. Cover	03/15/2012							
**Signature of Reporting Person	Date							
<b>Explanation of Responses</b>	:							

## analion of nesponses.

\* 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.