

FRANKLIN FINANCIAL SERVICES CORP /PA/
 Form 4
 July 02, 2014

FORM 4

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

OMB APPROVAL

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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)
 03/13/2014

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

CHAMBERSBURG, PA 17201
 (City) (State) (Zip)

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

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 Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount (A) or (D) Price		
Franklin Financial Services Corporation	03/13/2014		P	V	2 (1) \$ 17.73	A	161 D
Franklin Financial Services Corporation	03/27/2014		P	V	1 (1) \$ 18.11	A	162 D
Franklin Financial Services Corporation	04/10/2014		P	V	1 (1) \$ 18.3	A	163 D

Franklin Financial Services Corporation	04/24/2014	P	V	1 <u>(1)</u>	A	\$ 18.63	164	D
Franklin Financial Services Corporation	05/08/2014	P	V	1 <u>(1)</u>	A	\$ 18.64	165	D
Franklin Financial Services Corporation	05/22/2014	P	V	1 <u>(1)</u>	A	\$ 18.65	167 <u>(2)</u>	D
Franklin Financial Services Corporation	06/12/2014	P	V	1 <u>(1)</u>	A	\$ 19.63	168	D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)	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)		
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Franklin Financial Services Corporation	\$ 15.24	06/30/2014		E	304	07/01/2013 06/30/2014	Employee Stock Purchase Plan	304	
Franklin Financial Services Corporation	\$ 18.91	07/01/2014		A	254	07/01/2014 06/30/2015	Employee Stock Purchase Plan	254	

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 by Lee Ann Novak, Corporate Secretary 07/02/2014

__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) Shares purchased through Franklin Financial's Stock Purchase Program.
 - (2) Balance includes 1 share purchased on 5/28/14 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.