Edgar Filing: ASBECK KATHERINE A - Form 4

Check this box if no longer subject to Section 16. SECURITIES Number: Number: 2005 Expires: 2005 Estimated average burden hours per										3235-0287 January 31, 2005 ed average nours per			
(Print or Type Responses)													
ASBECK KATHERINE A Symbol						d Ticker o		ling	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
						Transactior	1		Director 10% Owner				
ONE RIVERFRONT PLAZA 03/31/2				-	ar)				Officer (give title Other (specify below) below) Senior VP - Finance				
				If Amendment, Date Original ed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
(City)	(State)	(Zip)				~ • •	a		Person				
1.Title of Security (Instr. 3)	× /	2. Transaction Date 2A. Deemed				4. Securi on(A) or Di (Instr. 3,	ties A ispose	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	of, or Benefi 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	OwnershipIndirectForm:BeneficialDirect (D)Ownershipor Indirect(Instr. 4)I)		
Common	02/21/2000				V	Amount	(D)	Price \$	(Instr. 3 and 4)	D			
Stock	03/31/2009			F		7,098	D	13.27	80,141	D			
Common Stock	03/31/2009			F		3,549	D	\$ 13.27	76,592	D			
Common Stock	03/31/2009			F		1,028	D	\$ 13.27	75,564	D			
Common Stock									7,695.78	I	Trustee U/employee Benefit Plan		

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

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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 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 Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	ionNumber	Expiration D	Date	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	5		(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
	, in the second s				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(
					4, and 5)						
					i, uita 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Exercisable	Date		of		
				Code V	/ (A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		R			
Reporting O (mer Rune / Rune iss	Director	10% Owner	Officer	Other	
ASBECK KATHERINE A ONE RIVERFRONT PLAZA CORNING, NY 14831			Senior VP - Fin	ance	
Signatures					
Denise A. Hauselt, Power of Attorney		04/02/20	09		
**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).

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.