Instruction 1(b)

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 1.0 | | | | | | | |

| Form 3 | 3 Holdings Rep | orted. | | | | | | | | | | | | | | | | | |
|--|---|--------------------|---|---|---|-----------------------------------|-------------------------------|--|-----------------------------|------------------------------|---|---------|--|---|--------------------------------------|---|----------------------------------|---------------------------------------|--|
| Form 4 | Transactions | Reported. | Fi | led pursuant t or Sectio | | | | | rities Exch Company A | | | 34 | | | | | | | |
| 1. Name and Address of Reporting Person* SANTANGELO JOSEPH A | | | | | 2. Issuer Name and Ticker or Trading Symbol NBT BANCORP INC [NBTB] | | | | | | | (Ch | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
| (Last) 52 SOUT | (Fi ΓΗ BROAL | , | (Middle) | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015 | | | | | | | | Officer (give title Other below) below) | | | | | ecify | |
| (Street) NORWICH NY 13815 (City) (State) (Zip) | | | | 4. If Amer | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - Non-Deri | vative Sec | curit | ies A | cquii | red, Di | isposed | of, or | Ben | eficial | ly Owned | l | | | | | |
| 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. | | 4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5) | | | | | 5. Amount of Securities Beneficially | | 6. Ownership Form: Direct | | 7. Nature of Indirect Beneficial | | |
| | | | | (MOIIII/Day/1 | reary | 8) | | Amoun | nount (| | Price | | Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | | (D) or Indirect (I) (Instr. 4) | | Ownership (Instr. 4) | | |
| NBT Ban | corp Inc. C | ommon Stock | 12/31/2015 | | | J | | 2,186.176 | | A | \$0.0(1) | | 67,998.971 | | I | | by Corporation | | |
| NBT Ban | corp Inc. C | ommon Stock | | | | | | | | | | | 16,828 | | D | | | | |
| | | ٦ | Fable II - Deriva (e.g., | ative Secu puts, calls | | | • | , | • | , | | • | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e (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) | | Expiration Day/Y (Month/Day/Y | | te | Amo Secu Unde Deriv | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | | Beneficial Ownership (Instr. 4) | |
| | | | | | (A) | (D) | Date Exerc | ite Expira ercisable Date | | ı Title | 0 N | lumber | | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$22.4842 | | | | | | 05/01/ | /2008 ⁽²⁾ | 8 ⁽²⁾ 05/01/2017 | | orp c. non ck | 1,500 | | 1,5 | 00 | D | | | |
| Non- Qualified Stock Option | \$22.5508 | | | | | | 05/01/ | /2009 ⁽²⁾ | 05/01/201 | NE Band B In | corp c. | 1,500 | | 1,5 | 00 | D | | | |

Explanation of Responses:

(right to

buy)

- $1.\ Shares\ acquired\ under\ NBT\ Bancorp\ Dividend\ Reinvestment\ Plan\ during\ period\ of\ 1/1/2015\ to\ 12/31/2015.$
- 2. Pursuant to NBT Non-Employee Director, Divisional Director and Subsidiary Director Stock Option Plan grant vests 40% for first year, 20% annually for following years.

By: F. Sheldon Prentice, Power of Attorney For: Joseph A. 02/16/2016 **Santangelo**

** Signature of Reporting Person Date

Common

Stock

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

- * 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.

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 Number.