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 | Holdings Repo | rted. | | | | | | | | | | | | 1100 | iis pei | response. | 1.0 | |
|--|---|--|---|---|---|---|------|--|--------------------------|---|--|--|--------|---|---|--|--|--|
| _ | Transactions R | | File | ed pursuant to or Section | | | | | ities Excha ompany Ad | | | | | | | | | |
| 1. Name and Address of Reporting Person* DELANEY TIMOTHY E | | | | | 2. Issuer Name and Ticker or Trading Symbol NBT BANCORP INC [NBTB] | | | | | | | 5. Relationship of Repor (Check all applicable) X Director | | | ting Pe | () | Issuer Owner | |
| (Last) (First) (Middle) 52 SOUTH BROAD STREET | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016 | | | | | | | //Year) | | Office | er (give titl v) | e | Othe belov | r (specify v) | |
| (Street) NORWIC | CH NY | | 13815 Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| | | Tab | e I - Non-Deriv | /ative Sec | uritie | s Ac | quir | ed, Di | sposed | of, or | Benefic | ally O | wne | ed | | | | |
| 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 Dispos Of (D) (Instr. 3, 4 and 5) | | | | ed 5. Amou Securiti Benefic Owned | | es ally | 6. Ownership Form: Direct (D) or | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | (MOIIII/Day/1 | cary | 8) | | Amoun | t | (A) or (D) Price | | Issuer's Fiscal Year (Instr. 3 and 4) | | Fiscal | l Indirect (I | | t (I) (Instr. 4) | |
| NBT Bancorp Inc. Common Stock | | | 12/23/2016 | | | G | | 12, | ,020 | D | \$0.0 | 30,511.743 | | 11.743 | D | | | |
| NBT Bancorp Inc. Common Stock | | | 12/31/2016 | | J | | | 69. | .148 | A | \$0.0(1) | 30,580.891 | | 80.891 | | D | | |
| NBT Bancorp Inc. Common Stock | | | 12/31/2016 | | J | | | 8. | 075 | A | \$0.0(1) | 287.871 | | | | Spouse as custodian | | |
| 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) | of Deriv Secu Acqu (A) or Dispo | rivative curities quired or sposed (D) str. 3, 4 d 5) | | ate Exercisable and iration Date nth/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbu of Title Shares | | Derivative Security (Instr. 5) Benefici Owned Followir Reporte Transac | | 9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

 $1.\ Shares\ acquired\ under\ NBT\ Bancorp\ Dividend\ Reinvestment\ Plan\ during\ period\ of\ 1/1/2016\ to\ 12/31/2016.$

By: F. Sheldon Prentice, Power of Attorney For: Timothy E. 02/13/2017 <u>Delaney</u>

** Signature of Reporting Person Date

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.