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

Machineton	D C	20540
Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

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

Instruction 1(b).

Form 3	s Holdings Rep	опеа.												1				
Form 4	Transactions	Reported.	Fil	ed pursuant t or Sectio					rities Excha Company Ac									
1. Name and Address of Reporting Person* <u>CIVIL PATRICIA T</u>				2. Issuer Name and Ticker or Trading Symbol NBT BANCORP INC [NBTB]							Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) (First) (Middle) 52 SOUTH BROAD STREET					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015							Officer (give title Other (specify below) below)						- 1
(Street) NORWICH NY 13815			4. If Amer	4. If Amendment, Date of Original Filed (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)											Person						
		Tab	le I - Non-Deri	vative Sec	curiti	ies A	Cquir	ed, D	isposed	of, or	Benefi	ciall	y Owned	ı				
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 Dispose (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned at e		Owne y Form: end of (D) or		ership Indi : Direct Ben Owr		lature of irect neficial nership	
								Amou	nt	(A) or (D)	A) or D) Price		Issuer's F Year (Insti 4)		Indirect (I) (Instr. 4)		(Instr. 4)	
NBT Ban	corp Inc. C	Common Stock	12/31/2015				J	47	6.762	A	\$0.0	(1)	20,426.333		I)		
		7	able II - Deriva) e.g.,	ative Secu puts, calls									Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Disp of (D	or osed) r. 3, 4	Expira	e Exercisable and tion Date n/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		ırity	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporter Transact (Instr. 4)	re es ally ng d tion(s)	10. Ownersi Form: Direct (I or Indire (I) (Instr.	hip c E D) C ect (11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amo or Num of Sha	nber						
Non- Qualified Stock Option (right to buy)	\$18.3825						05/19/2	2004 ⁽²⁾	05/19/2013	NBT Banco Inc Comn Stoc	orp 60	00	600		0 D			
Non- Qualified Stock Option (right to buy)	\$21.74						05/01/2007 ⁽²⁾ 05/01/2016 NBT Bancorp Inc. Common Stock 1,500 1,500		1,500 D									
Non- Qualified Stock Option (right to buy)	\$22.4842						05/01/2	2008 ⁽²⁾	05/01/2017	NB3 Banco Inc Comn Stoc	orp 1,5	600		1,50	00	D		
Non- Qualified Stock Option (right to buy)	\$22.5508						05/01/2	2009 ⁽²⁾	05/01/2018	NB7 Banco Inc Comm Stoc	orp 1,7	'50		1,75	50	D		
Non- Qualified Stock Option (right to	\$24.5						12/15/2	2016 ⁽²⁾	12/15/2024	NB' Banco	orp 2,1	.30		2,13	30	D		

- $1. \ Shares \ acquired \ under \ NBT \ Bancorp \ Dividend \ Reinvestment \ Plan \ during \ period \ of \ 1/1/2015 \ to \ 12/31/2015.$
- 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.

of Attorney For: Patricia T.

02/1<u>6/2016</u>

Civil

** 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.