## Edgar Filing: KAPLAN HAROLD S - Form 4

| KAPLAN H<br>Form 4  | AROLD S   |  |   |                      |      |                 |                |   |  |        |                           |  |    |
|---|---|--|---|----------------------|------|-----------------|----------------|---|--|--------|---------------------------|--|----|
| October 27, 2   |   |  |   |                      |      |                 |                |   |  |        | OMB                       | APPROVA  | 41 |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE Washington, D.C. 20549   |   |  |   |                      |      | NGE             | COMMISSIO      |   | OMB<br>Number:   | 3235-0 |                           |  |    |
| Check th<br>if no long<br>subject to<br>Section 1<br>Form 4 o<br>Form 5<br>obligatio<br>may cont<br><i>See</i> Instru<br>1(b).      | ger<br>5<br>16.<br>5<br>7<br>Filed purs<br>17<br>18<br>19<br>19<br>19<br>19<br>19<br>19<br>19<br>19<br>19<br>19 | Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 |   |                      |      |                 |                |   |  |        |                           | January 3<br>Expires: 200<br>Estimated average<br>burden hours per<br>response 0 |    |
| (Print or Type I  | Responses)  |  |   |                      |      |                 |                |   |  |        |                           |  |    |
| 1. Name and Address of Reporting Person <u>*</u><br>KAPLAN HAROLD S   |   |  | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>COMMUNITY BANK SYSTEM<br>INC [CBU] |                      |      |                 |                | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable) |  |        |                           |  |    |
| (Last) (First) (Middle) 102 WINDMERE CIRCLE   |   |  | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>10/10/2006                           |                      |      |                 |                | X Director<br>Officer (gi<br>below)   | ve tit   |        | )% Owner<br>ther (specify | 7  |    |
| (Street)<br>DALTON, PA 18414  |   |  | 4. If Amendment, Date Original Filed(Month/Day/Year)  |                      |      |                 |                |   | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting<br>Person |        |                           |  |    |
| (City)  | (State)   | (Zip)  | Tabl  | e I - No             | on-D | erivative       | Secur          | ities Ao  | equired, Disposed  | of, d  | or Benefici               | ally Owne  | d  |
| 1.Title of<br>Security<br>(Instr. 3)2. Transaction Date<br>(Month/Day/Year)2A. Deemed<br>Execution Date,<br>any<br>(Month/Day/Year) |   |  | n Date, if  | Code Disposed of (D) |      |                 |                |   | BeneficiallyForOwned(DFollowingIn  |        | wnership<br>orm: Direct   | Ownership  |    |
| Common  | 10/10/2006  |  |   | Code<br>G            |      | Amount<br>4,347 | or<br>(D)<br>D | Price<br>( <u>1)</u>  | (Instr. 3 and 4)<br>273,241  | D      |                           |  |    |
| Stock<br>Common   |   |  |   |                      |      |                 |                |   |  |        |                           | By   | 1  |
| Stock   | 10/10/2006  |  |   | G                    | V    | 4,347           | A              | <u>(1)</u>  | 12,587   | Ι      |                           | Charitab<br>Foundat  |    |

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

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.

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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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---|---------------------|--------------------|---|--|---|---|
|   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                      |             | Relationsh    |         |       |            |
|--|-------------|---------------|---------|-------|------------|
|  | Director    | 10% Owner     | Officer | Other |            |
| KAPLAN HAROLD S<br>102 WINDMERE CIRCLE<br>DALTON, PA 18414 | Х           |               |         |       |            |
| Signatures   |             |               |         |       |            |
| Donna J. Drengel, as attorney-                             | in-fact, pu | rsuant to a p | ower of |       | 10/27/2006 |
| <u>**</u> Signature of                                     | 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) Gift to reporting person's charitable foundation.

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.