Jezewski Michael L Form 4 February 19, 2019

# FORM 4

Common

Stock

#### **OMB APPROVAL** UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB

	UNITED STATES	Washington, D.C. 20549	NGE COMMISSION	OMB Number:	3235-0	0287
Check this box if no longer	STATEMENT O	F CHANGES IN BENEFICIA	I. OWNERSHIP OF	Expires:	January 2	y 31, 2005
subject to Section 16. Form 4 or	STATEMENT	SECURITIES	LOWILLIAM OF	Estimated a burden hou response	rs per	0.5
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Section 17(a) of the	Section 16(a) of the Securities E. Public Utility Holding Company of the Investment Company Act	Act of 1935 or Section	•		
(Print or Type Respon	ises)					
1. Name and Address Jezewski Michae	s of Reporting Person * 1 L	2. Issuer Name <b>and</b> Ticker or Tradir Symbol	5. Relationship of Issuer	Reporting Pers	son(s) to	

			FIRST KEYSTONE CORP [FKYS]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				
			(Month/Day/Year)	X Director 10% Owner			
662 E. MAIN STREET			02/19/2019	Officer (give title Other (specify below)			
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)	Applicable Line)			
				_X_ Form filed by One Reporting Person			

(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check
NANTICOKE, PA 18634	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person

						•	CISOII		
(City)	(State) (Z	ip) Table	I - Non-De	erivative S	ecuri	ties Acqu	ired, Disposed of,	, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transacti Code (Instr. 8)		ispose 4 and (A) or	ed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
First Keystone Corporation Common Stock	02/19/2019		P	1 21110 <b>u</b> 110	, ,		21,575.8143	D	
First Keystone Corporation							216.3983	I	As custodian

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

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#### Edgar Filing: Jezewski Michael L - Form 4

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.

SEC 1474 (9-02)

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. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	m: .1	or		
						Exercisable	Date	Title	Number		
				C 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

### **Reporting Owners**

Reporting Owner Name / Address	Relationsh	ups
	 10~ 0	

Director 10% Owner Officer Other

Jezewski Michael L 662 E. MAIN STREET X NANTICOKE, PA 18634

## **Signatures**

Michael L Jezewski 02/19/2019

\*\*Signature of Date
Reporting Person

#### **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.

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