#### CENTURY BANCORP INC

Form 4 August 21, 2014

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB APPROVAL OMB** 

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Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

may continue. See Instruction 1(b).

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*

SONNABEND STEPHANIE Issuer Symbol CENTURY BANCORP INC (Check all applicable) [CNBKA] X\_ Director (Last) (First) (Middle) 3. Date of Earliest Transaction 10% Owner Other (specify Officer (give title (Month/Day/Year) below) 400 MYSTIC AVENUE 08/20/2014

2. Issuer Name and Ticker or Trading

(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 Form filed by More than One Reporting

5. Relationship of Reporting Person(s) to

MEDFORD, MA 02155

| (City)                               | (State)                                 | (Zip) Tab   | ole I - Non-                           | Derivative Se                              | ecurities A          | Acquir | ed, Disposed of,   | or Beneficiall   | y Owned   |
|--------------------------------------|---|---|--|--|----------------------|--------|--|--|---|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transactic<br>Code<br>(Instr. 8) | 4. Securities oner Disposed (Instr. 3, 4 a | of (D) nd 5)  (A) or | d (A)  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Class A<br>Common                    | 08/20/2014                              |   | A                                      | 117.3027                                   | \$ A                 |        | 5,424.4338   | D  |   |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of                          | 2.  | 3. Transaction Date |   | 4.                              | 5.   | 6. Date Exerc       |                    | 7. Titl                            |  | 8. Price of                          | 9. Nu   |
|--------------------------------------|---|---------------------|---|---------------------------------|--|---------------------|--------------------|------------------------------------|--|--------------------------------------|---|
| Derivative<br>Security<br>(Instr. 3) | Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | (Month/Day/Year)    | Execution Date, if any (Month/Day/Year) | Transacti<br>Code<br>(Instr. 8) | ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |                     |                    | Amou<br>Under<br>Securi<br>(Instr. | rlying                                 | Derivative<br>Security<br>(Instr. 5) | Deriv<br>Secur<br>Bene<br>Own<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**

| Reporting Owner Name / Address | Relationships |           |         |       |  |  |  |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| 1                              | Director      | 10% Owner | Officer | Other |  |  |  |
| SONNABEND STEPHANIE            |               |           |         |       |  |  |  |
| 400 MYSTIC AVENUE              | X             |           |         |       |  |  |  |
| MEDFORD, MA 02155              |               |           |         |       |  |  |  |

## **Signatures**

/s/ William P. Hornby,
Attorney-In-Fact
08/21/2014

\*\*Signature of Reporting Person 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).

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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