

Peterson Thomas  
 Form 3  
 June 08, 2010

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 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 *			2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Å Peterson Thomas			(Month/Day/Year)	FRANKLIN FINANCIAL SERVICES CORP /PA/ [FRAF]	
(Last)	(First)	(Middle)	06/08/2010	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
20 SOUTH MAIN STREET, Å PO BOX 6010				(Check all applicable)	
(Street)				<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
CHAMBERSBURG, Å PA Å 17201				<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) VP	<input checked="" type="checkbox"/> Form filed by One Reporting Person
(City)	(State)	(Zip)			<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Franklin Financial Services Corp	50	D	Å

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

SEC 1473 (7-02)

**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.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Title			

Edgar Filing: Peterson Thomas - Form 3

	Date Exercisable	Expiration Date		Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Incentive Stock Options	08/12/2004	02/12/2014	Franklin Financial Services Corp	625	\$ 27.68	D	Â
Incentive Stock Options	08/10/2005	02/10/2015	Franklin Financial Services Corp	250	\$ 27.42	D	Â
Incentive Stock Options	08/09/2006	02/09/2016	Franklin Financial Services Corp	250	\$ 24.92	D	Â
Incentive Stock Options	08/08/2007	02/08/2017	Franklin Financial Services Corp	500	\$ 27.37	D	Â
Incentive Stock Options	08/14/2008	02/14/2018	Franklin Financial Services	750	\$ 23.77	D	Â
Incentive Stock Options	08/26/2009	02/26/2019	Franklin Financial Services Corp	500	\$ 16.11	D	Â
Employee Stock Purchase Plan	07/01/2009	06/30/2010	Franklin Financial Services Corp	347	\$ 16.61	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Peterson Thomas 20 SOUTH MAIN STREET PO BOX 6010 CHAMBERSBURG, PA 17201	Â	Â	Â VP	Â

## Signatures

Thomas Peterson by Catherine C. Angle, Corporate Secretary 06/08/2010

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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.