#### **BRODY WILLIAM R MD PHD**

Form 4 July 05, 2005

## FORM 4

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

Check this box

if no longer subject to Section 16.

Form 4 or Form 5 obligations

may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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)

(Last)

1. Name and Address of Reporting Person \* **BRODY WILLIAM R MD PHD** 

(First)

(Middle)

2 HOPKINS PLAZA

(Street)

(Zip)

(State)

2. Issuer Name and Ticker or Trading

Symbol

MERCANTILE BANKSHARES CORP [(MRBK)]

3. Date of Earliest Transaction

(Month/Day/Year) 06/30/2005

3.

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

below)

Person

X\_ Director

Applicable Line)

Officer (give title

2. Transaction Date 2A. Deemed 1.Title of Security (Instr. 3)

(City)

BALTIMORE, MD 21201

(Month/Day/Year)

Execution Date, if

(Month/Day/Year)

Code (Instr. 8)

TransactionAcquired (A) or Disposed of (D)

4. Securities

(Instr. 3, 4 and 5)

(A)

or Code V Amount (D) Price

Beneficially Owned Following Reported

5. Amount of

Securities

Transaction(s) (Instr. 3 and 4)

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)

1. Title of 3. Transaction Date 3A. Deemed Derivative Conversion (Month/Day/Year) Execution Date, if Security or Exercise any

5. Number of TransactionDerivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check

6. Ownership

Form: Direct

(D) or Indirect Beneficial

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

(I)

(Instr. 4)

(Check all applicable)

10% Owner

Other (specify

7. Nature of

Ownership

(Instr. 4)

Indirect

Estimated average

burden hours per

1

8

Γ

S

#### Edgar Filing: BRODY WILLIAM R MD PHD - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A Disposed of (Instr. 3, 4, 5)	f (D)					(]
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(2)</u>	06/30/2005		A	20.2957		(3)	(3)	Common Stock	20.2957	
Phantom Stock Units	(2)	06/30/2005		A	2.8639		<u>(1)</u>	<u>(1)</u>	Common Stock	2.8639	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1 0	Director	10% Owner	Officer	Other			
BRODY WILLIAM R MD PHD 2 HOPKINS PLAZA BALTIMORE, MD 21201	X						

### **Signatures**

Dennis W. Kreiner p/a for William R.
Brody
07/05/2005

\*\*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).
- (1) Acquired pursuant to the Issuer's Unfunded Deferred Compensation Plan for Directors, and will be settled 100% in stock when the Reporting Person ceases to be a Director or at a later date to be determined by the Reporting Person.
- (2) 1 for 1
- (3) Acquired pursuant to the Issuer's Unfunded Deferred Compensation Plan for Directors, and will be settled 100% in cash when the Reporting Person ceases to be a Director or at a later date to be determined by the Reporting Person.

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.

Reporting Owners 2