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SONNABEND STEPHANIE Form 5 Februa FO

| Form 5 February 10, | 2006 | | | | | | | | | | | |
|--|-------------------------------------|---|---|---|---|---------|---------|--|--|---------------------|--|--|
| | | | | | | | | | OMB AF | PPROVAL | | |
| FORM 5 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB Number: | 3235-0362 | | | |
| Check this no longer | | Washington, D.C. 20549 | | | | | | | Expires: | January 31, 2005 | | |
| to Section Form 4 or 5 obligatio may conti | Form AN ons nue. | ANNUAL STATEMENT OF CHANGES IN BENEFICIAI OWNERSHIP OF SECURITIES | | | | | | EFICIAL | Estimated a burden hou response | verage | | |
| See Instru 1(b). Form 3 Ho Reported Form 4 Transactic Reported | Filed p Filed poldings Section 1 | 7(a) of the | Public U | | ig Compa | any A | Act of | | n | | | |
| 1. Name and Address of Reporting Person <u>*</u> SONNABEND STEPHANIE | | | 2. Issuer Name and Ticker or Trading Symbol CENTURY BANCORP INC [CNBKA] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) | (Last) (First) (Middle) | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2005 | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| 400 MYSTI | C AVENUE | | | | | | | | | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Reporting (check applicable line) | | | | |
| MEDFORD | 9, MA 0215: | 5 | | | | | | _X_ Form Filed by (Form Filed by M Person | One Reporting Pe Aore than One Re | | | |
| (City) | (State) | (Zip) | Tabl | le I - Non-Der | ivative See | curitie | es Acqu | uired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | | Transaction Date 2A. Deem onth/Day/Year) Execution any (Month/Da | | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | |) | 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Class A Common | Â | Â | | Â | Â | Â | Â | 2,160.7964 | D | Â | | |

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

Persons who respond to the collection of information SEC 2270 contained in this form are not required to respond unless (9-02)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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. of D So Ei Is Fi (I |
|---|---|---|---|---|---|---------------------|--------------------|------------------------|--|---|---|
| | | | | | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| SONNABEND STEPHANIE 400 MYSTIC AVENUE MEDFORD, MA 02155 | ÂX | Â | Â | Â | | | |
| Signatures | | | | | | | |
| By: Paul V. Cusick, Jr., Attorney-In-Fact | 02/10/2006 | | | | | | |
| **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 provided 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.