

# SECURITIES AND EXCHANGE COMMISSION

## FORM 3

Filing Date: **2013-01-09** | Period of Report: **2013-01-01**  
SEC Accession No. [0001063965-13-000002](#)

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### ISSUER

#### FIRST OF LONG ISLAND CORP

CIK: [740663](#) | IRS No.: **112672906** | State of Incorporation: **NY** | Fiscal Year End: **1231**  
SIC: **6021** National commercial banks

Mailing Address  
*10 GLEN HEAD ROAD  
GLEN HEAD NY 11545*

Business Address  
*10 GLEN HEAD RD  
GLEN HEAD NY 11545  
5166714900*

### REPORTING OWNER

#### BECKER CHRISTOPHER

CIK: [1063965](#) | State of Incorporation: **NY** | Fiscal Year End: **1231**  
Type: **3** | Act: **34** | File No.: **001-32964** | Film No.: **13521115**  
SIC: **6021** National commercial banks

Mailing Address  
*37 COOPER LANE  
EAST HAMPTON NY 11937*

# FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
OMB Number:	3235-0104
Expires:	02/28/2011
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

1. Name and Address of Reporting Person <u>BECKER CHRISTOPHER</u> (Last) (First) (Middle) THE FIRST NATIONAL BANK OF LONG ISLAND, 10 GLEN HEAD ROAD (Street) GLEN HEAD, NY 11545 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/01/2013	3. Issuer Name and Ticker or Trading Symbol <u>FIRST OF LONG ISLAND CORP [FLIC]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <u>Vice President</u>	5. If Amendment, Date Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <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)
Common Stock	1,739	D	

**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 Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

**Signatures**

William Aprigliano POA Christopher Becker

\*\* Signature of Reporting Person

01/09/2013

Date

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

\* 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.

**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 Number.**