Simons Jo A Form 5 February 07,											
FORM	15							OMB A	PPROVAL		
Check this no longer	UNITED box if	STATES SECU W	RITIES AN			GE CO	OMMISSION	OMB Number: Expires:	3235-0362 January 31, 2005		
to Section 16. Form 4 or Form ANNUAL STA'			ATEMENT OF CHANGES IN BENEFICIAL DWNERSHIP OF SECURITIES				FICIAL	Estimated average burden hours per response			
<i>See</i> Instruct 1(b). Form 3 Ho Reported Form 4 Transactio Reported	Filed pu ^{oldings} Section 17	(a) of the Public 30(h) of the 1		g Compa	any A	ct of	1935 or Sectio	on			
Simons Jo Ann Sy Cl			2. Issuer Name and Ticker or Trading Symbol CENTURY BANCORP INC [CNBKA]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (,	nent for Issuer's Fiscal Year Ended Day/Year) 2018				XDirector10% Owner Officer (give titleOther (specify below)below)				
400 MYSTI	C AVE	12/51/	2010								
			Amendment, Date Original 6 d(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)				
							(cnec	ck applicable line)		
MEDFORD	, MA 02155					-	_X_ Form Filed by Form Filed by Person	1 0			
(City)	(State)	(Zip) Ta	ble I - Non-Deri	ivative Sec	uritie	s Acqu	ired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Amount	(D)	Price	(Instr. 3 and 4)				
Class A Common	Â	Â	Â	Â	Â	Â	100	D	Â		

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

contained in this form are not required to respond unless the form displays a currently valid OMB control number. (9-02)

 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 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	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. of D S¢ Eı Is Fi (I
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Simons Jo Ann 400 MYSTIC AVE MEDFORD, MA 02155	ÂX	Â	Â	Â			
Signatures							
/s/ William P. Hornby, Attorney-In-Fact	02/06/2019						
**Signature of Reporting Person		Date	e				

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.