Edgar Filing: EMC INSURANCE GROUP INC - Form 4

EMC INSURANCE GROUP INC Form 4 December 16, 2015 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

Form 5

1(b).

1. Name and Address of Reporting Person <u>*</u> SIMONETTA LISA ANNE	2. Issuer Name and Ticker or Trading Symbol EMC INSURANCE GROUP INC [EMCI]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) (First) (Middle) 20 SW 58TH DRIVE	3. Date of Earliest Transaction (Month/Day/Year) 06/23/2015	Director 10% Owner X Officer (give title Other (specify below) below) Senior Vice President		
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
DES MOINES, IA 50312		Form filed by More than One Reporting Person		

(City)	(State) (Z	Zip) Table	e I - Non-D	erivative	Securi	ities Acc	quired, Disposed o	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)				7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
EMCI Common Stock	06/23/2015		J	3,521 (1)	A (1)	\$0	10,563 <u>(1)</u>	D	
EMCI Common Stock	12/10/2015		М	2,250	А	\$ 16.4	12,813	D	
EMCI Common Stock	12/10/2015		F	1,437	D	\$0	11,376	D	

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

OMB APPROVAL

3235-0287

January 31,

2005

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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. Transactio Code (Instr. 8)	Securitie	ve es d (A) or d of (D)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and	Securiti
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numl of Share
ISO Right To Buy	\$ 16.4 <u>(1)</u>	06/23/2015		J <u>(1)</u>	750		03/01/2007 <u>(2)</u>	03/01/2016	Common Stock	75
ISO Right To Buy	\$ 16.97 (1)	06/23/2015		J <u>(1)</u>	750		03/09/2008(2)	03/09/2017	Common Stock	75
ISO Right To Buy	\$ 15.6447 (1)	06/23/2015		J <u>(1)</u>	750		03/05/2009(2)	03/05/2018	Common Stock	75
NQO Right To Buy	\$ 13.7833 (1)	06/23/2015		J <u>(1)</u>	750		03/01/2011(2)	03/01/2020	Common Stock	75
NQO Right To Buy	\$ 16.27 (1)	06/23/2015		J <u>(1)</u>	1,500		03/01/2012(2)	03/01/2021	Common Stock	1,50
NQO Right To Buy	\$ 13.9867 (1)	06/23/2015		J <u>(1)</u>	1,500		03/01/2013(2)	03/01/2022	Common Stock	1,50
ISO Right To Buy	\$ 16.4	12/10/2015		М		2,250	03/01/2007(2)	03/01/2016	Common Stock	2,2:

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
			Senior Vice President				

SIMONETTA LISA ANNE 20 SW 58TH DRIVE DES MOINES, IA 50312

Signatures

LISA A. SIMONETTA

12/14/2015

**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) Holdings adjusted to reflect 3 for 2 stock split effected by a stock dividend paid on June 23, 2015
- (2) Options vest in five equal annual installments (20%) beginning one year after date of grant.

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.