

EMC INSURANCE GROUP INC
 Form 5
 February 08, 2016

FORM 5

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

OMB APPROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
 Form 3 Holdings Reported Form 4 Transactions Reported

ANNUAL 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

1. Name and Address of Reporting Person *
 HOVICK KEVIN J

2. Issuer Name and Ticker or Trading Symbol
 EMC INSURANCE GROUP INC
 [EMCI]

5. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)
 Director 10% Owner
 Officer (give title below) Other (specify below)
 Exec. Vice President & COO

(Last) (First) (Middle)

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)
 12/31/2015

13560 LAKE SHORE DRIVE
 (Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Reporting (check applicable line)

WEST DES MOINES, IA 50325

Form Filed by One Reporting Person
 Form Filed by More than One Reporting Person

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or (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)	7. Nature of Ownership (Instr. 4)
EMCI Common Stock	06/23/2015 ⁽¹⁾	Â	J ⁽¹⁾	8,359 ⁽¹⁾ A \$ 0	25,077 ⁽¹⁾	D	Â

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

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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)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
ISO Right To Buy	\$ 16.4 ⁽¹⁾	06/23/2015	Â	J ⁽¹⁾	1,500 ⁽¹⁾	Â	03/01/2007	03/01/2016	Common Stock	1,500
ISO Right To Buy	\$ 16.97 ⁽¹⁾	06/23/2015	Â	J ⁽¹⁾	1,500 ⁽¹⁾	Â	03/09/2008	03/09/2017	Common Stock	1,500
ISO Right To Buy	\$ 15.6447 ⁽¹⁾	06/23/2015	Â	J ⁽¹⁾	1,500 ⁽¹⁾	Â	03/05/2009	03/05/2018	Common Stock	1,500
NQO Right To Buy	\$ 12.5767 ⁽¹⁾	06/23/2015	Â	J ⁽¹⁾	3,000 ⁽¹⁾	Â	03/03/2010	03/03/2019	Common Stock	3,000
NQO Right To Buy	\$ 13.7833 ⁽¹⁾	06/23/2015	Â	J ⁽¹⁾	1,500 ⁽¹⁾	Â	03/01/2011	03/01/2020	Common Stock	1,500
NQO Right To Buy	\$ 16.27 ⁽¹⁾	06/23/2015	Â	J ⁽¹⁾	7,500 ⁽¹⁾	Â	03/01/2012	03/01/2021	Common Stock	7,500
NQO Right To Buy	\$ 13.9867 ⁽¹⁾	06/23/2015	Â	J ⁽¹⁾	7,500 ⁽¹⁾	Â	03/01/2013	03/01/2022	Common Stock	7,500

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HOVICK KEVIN J 13560 LAKE SHORE DRIVE WEST DES MOINES, IA 50325	Â	Â	Â Exec. Vice President & COO	Â

Signatures

KEVIN J.
HOVICK

02/06/2016

Date

Signature of
Reporting Person

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

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.