CREW DANIEL C Form 4 March 05, 2019

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

2. Issuer Name and Ticker or Trading

OMB APPROVAL OMB

Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

January 31, 2005

0.5

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Check this box

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 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

CREW DANIEL C Issuer Symbol EMC INSURANCE GROUP INC (Check all applicable) [EMCI] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner X_ Officer (give title Other (specify (Month/Day/Year) below) below) **EMPLOYERS MUTUAL** 03/01/2019 Sr VP & Chief Underwriting Off CASUALTY COMPANY, 717 MULBERRY STREET (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting DES MOINES, IA 50309 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 7. Nature 1. Title of Security of Indirect (Instr. 3) (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Ownership Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial (Month/Day/Year) (Instr. 8) Owned Direct (D) Ownership **Following** or Indirect (Instr. 4) Reported (A) Transaction(s) (Instr. 4) or (Instr. 3 and 4) Code V Amount (D) Price **EMCI-Common** 03/01/2019 \mathbf{C} D 564 Α 8,117.374 31.825 Stock **EMCI-Common** 03/01/2019 F 366 D 7,751.374 D Stock

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)

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 orDerivative 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 8 Underlying Securities (Instr. 3 and 4) S (I	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	\$ 0 (1) (2)	03/01/2019		C		282	03/01/2018	(3)	Common Stock	282 \$
Restricted Stock Units	\$ 0 (1) (2)	03/01/2019		C		282	03/01/2019	<u>(4)</u>	Common Stock	282 \$
Restricted Stock Units	(1)	03/01/2019		A	2,252		03/01/2020	<u>(5)</u>	Common Stock	2,252

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			

CREW DANIEL C EMPLOYERS MUTUAL CASUALTY COMPANY 717 MULBERRY STREET DES MOINES, IA 50309

Sr VP & Chief Underwriting Off

Signatures

Daniel C. Crew 03/05/2019

**Signature of Person Date

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) Restricted stock units convert into common stock on a one-for-one basis.
- (2) FMV on conversion date was \$31.8250
- (3) On March 1, 2017, the reporting person was granted 1,128 restricted stock units, vesting at 25% per year beginning on the first anniversary of the grant date.

Reporting Owners 2

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- (4) On March 1, 2018, the reporting person was granted 1,128 restricted stock units, vesting at 25% per year beginning on the first anniversary of the grant date.
- (5) On March 1, 2019, the reporting person was granted 2,252 restricted stock units, vesting at 25% per year beginning on the first anniversary of the grant date.

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.