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Form 4	'nn											
March 05, 2019												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								IISSION	OMB APPROVAL			
		DSIAII	Washingt			IUL		11551011	OMB Number:	3235-0287		
Check this box if no longer			U						Expires:	January 31,		
subject to Section 16. Form 4 or						L O'	WNERS	HIP OF	Estimated av	stimated average rrden hours per sponse 0.5		
Form 5 obligations may continue. See Instruction 1(b).	-	7(a) of th	o Section 16(a) o e Public Utility I h) of the Investm	Holding C	Company	/ Act	of 1935					
(Print or Type Respon	nses)											
1. Name and Address of Reporting Person <u>*</u> Hamilton Lisa Lynn			Symbol	2. Issuer Name and Ticker or Trading Symbol EMC INSURANCE GROUP INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			[EMCI]					(Check	an applicable)			
(Last) ((First)	(Middle) 3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner Officer (give titleX Other (specify						
EMPLOYERS M CASUALTY CO MULBERRY ST	OMPANY,	, 717	03/01/2019				below)	SVP-Chief E	below) Brand Off -Pare	nt Co		
(led(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
DES MOINES, I												
(City) (State)	(Zip)	Table I - N	on-Derivat	ive Secur	ities A	cquired, I	Disposed of,	or Beneficially	Owned		
1.Title of Security (Instr. 3)	ar		A. Deemed Execution Date, if ny Month/Day/Year)	3. 4. Securities Acq Transaction(A) or Disposed (Code (Instr. 3, 4 and 5) (Instr. 8)			d of (D)	5. Amount Securities Beneficiall Owned Following Reported	y Ownership Form: Direct (D) or Indirect (I)	Beneficial O) Ownership		
				Code V	Amount	or (D)	Price	Transaction (Instr. 3 an				
EMCI-Common Stock	03/01/20)19		С	845	A	\$ 31.825	4,965	D			
EMCI-Common Stock	03/01/20)19		F	464	D	\$ 31.825	4,501	D			

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. Transactio 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 Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Am or Nu of Sha
Restricted Stock Units	\$ 0 <u>(1)</u> <u>(2)</u>	03/01/2019		С		282	(3)	(3)	EMCI-Common Stock	2
Restricted Stock Units	\$ 0 <u>(1)</u> <u>(2)</u>	03/01/2019		С		563	(4)	(4)	EMCI-Common Stock	5
Restricted Stock Units	<u>(1)</u>	03/01/2019		А	2,252		03/01/2020	(5)	Common Stock	2,

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Hamilton Lisa Lynn EMPLOYERS MUTUAL CASUALTY COMPANY 717 MULBERRY STREET DES MOINES, IA 50309				SVP-Chief Brand Off -Parent Co			
Signatures							

Si

Lisa Lynn Hamilton 03/05/2019

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

Reporting Owners

- (4) On March 1, 2018, the reporting person was granted 2252 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.