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FLOWERS I	ROBERT E											
Form 4												
October 09, 2	2018											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB A	OMB APPROVAL				
CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287				
Check thi				_						Expires:	January 31,	
if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL O SECURITIES					LOWI	NERSHIP OF	Estimated average burden hours per					
Form 4 or Form 5 obligation	Filed pu	respor 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							response	se 0.5		
may cont See Instru 1(b).	inue.		of the In	•		•	· ·					
(Print or Type F	Responses)											
			2. Issuer Symbol	uer Name and Ticker or Trading l					5. Relationship of Reporting Person(s) to Issuer			
· · · · ·				ROASSURANCE CORP [PRA]					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	f Earliest 7	Tran	isaction			(Chied)	a un applicable	·)	
			(Month/D						X Director		Owner	
C/O PROASSURANCE 10/05/2			10/05/2	018					Officer (give title Other (specify below) below)			
CORPORAT BROOKWC	DOD PLACE											
	(Street)		4. If Ame	ndment, I	Date	Original	l		6. Individual or Jo	int/Group Filir	ng(Check	
				nth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
BIRMINGH	IAM, AL 35209	-6811							Person		1 0	
(City)	(State)	(Zip)	Tabl	e I - Non-	-Der	rivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)) Execution any		3. Transact Code (Instr. 8)	tion(()	4. Securit (A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	10/05/2018			Code $M^{(1)}$		Amount 100	(D) A	Price \$ 45.62	86,639	D		

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 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. Transacti Code (Instr. 8)	Derivative	Expiration D	Date Exercisable and xpiration Date Aonth/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(2)</u>					(2)	(2)	Common Stock	90	
Restricted Stock Units	<u>(3)</u>					(3)	(3)	Common Stock	93	
Restricted Stock Units	(1)	10/05/2018		М	100	<u>(1)</u>	<u>(1)</u>	Common Stock	100	<u>(1)</u>

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
FLOWERS ROBERT E C/O PROASSURANCE CORPORATION 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209-6811	Х					
Signatures						
Frank B. O'Neil with Power of Attorney for Person	the Repo	orting	10	10/09/2018		
<u>**</u>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).
- Transactions as a result of the vesting of Restricted Share Units (RSUs) issued to the reporting person on 10/5/15 under the 2008 Equity Plan and acquired under terms of the ProAssurance Corporation 2011 Employee Stock Ownership Plan. Each RSU is equal to one share (1) of Common Stock and vested upon the completion of three years of continuous Board service.
- (2) RSU's are equal in value to one share of Common Stock, issued on 10/5/17 under the 2014 Equity Incentive Plan and acquired under terms of the ProAssurance Corporation 2011 Employee Stock Ownership Plan. The RSUs vest upon the sooner of three years of continuous employment, termination of employment by reason of death or disability, for "good reason," or a change of control of the Company. If a participant terminates employment more than twelve months but less than three years from the date of grant, the RSUs will partially vest based on the number of days that the participant was employed in the vesting period. Any RSUs that are unvested on

Reporting Owners

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termination of employment will be forfeited. In addition, if a participant withdraws shares purchased for his or her account, matching unvested RSUs will be forfeited. Upon vesting, we will pay the RSUs in shares of our Common Stock from those shares reserved for issuance under the 2014 Equity Incentive Plan with the value established at vesting.

RSU's are equal in value to one share of Common Stock, issued on 10/5/16 under the 2014 Equity Incentive Plan and acquired under terms of the ProAssurance Corporation 2011 Employee Stock Ownership Plan. The RSUs vest upon the sooner of three years of continuous employment, termination of employment by reason of death or disability, for "good reason," or a change of control of the

(3) Company. If a participant terminates employment more than twelve months but less than three years from the date of grant, the RSUs will partially vest based on the number of days that the participant was employed in the vesting period. Any RSUs that are unvested on termination of employment will be forfeited. In addition, if a participant withdraws shares purchased for his or her account, matching unvested RSUs will be forfeited. Upon vesting, we will pay the RSUs in shares of our Common Stock from those shares reserved for issuance under the 2014 Equity Incentive Plan with the value established at vesting.

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.