Edgar Filing: UNITED FIRE GROUP INC - Form 4

UNITED FIR Form 4 June 04, 2015	RE GROUP INC										
FORM	1								OMB AF	PROVAL	
	UNITED	STATES S		ITIES Al hington, 1			NGE C	COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 10 Form 4 or	IENT OF	CHANGES IN BENEFICIAL OWN SECURITIES					NERSHIP OF	Expires: January 3 20 Estimated average burden hours per			
Form 5 obligation may conti <i>See</i> Instru 1(b).	Filed pur s Section 17(a	a) of the P	ublic Uti	· · /	ing Con	ipany	Act of	e Act of 1934, 71935 or Section 40	response	0.5	
(Print or Type R	lesponses)										
1			2. Issuer Name and Ticker or Trading Symbol UNITED FIRE GROUP INC [UFCS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			3. Date of Earliest Transaction(Month/Day/Year)05/31/2015					Director 10% Owner X_ Officer (give title Other (specify below) below) VP/COO - United Life Ins. Co.			
				ndment, Dat h/Day/Year)	e Original	l		6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
CEDAR RA	PIDS, IA 52401							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if		(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)	Indirect Beneficial	
Common Stock	05/31/2015			J <u>(1)</u>	2 (2)	А	\$ 30.67	5,531 <u>(3)</u>	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. Transactie Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amou Unde Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
reporting o where i where i ruar out	Director	10% Owner	Officer	Other				
Sheeley Michael J. 118 SECOND AVENUE SE CEDAR RAPIDS, IA 52401			VP/COO - United Life Ins. Co.					
Signatures								
/s/ Michael J. Sheeley by Michael T. Wilkins, Attorney-in-Fact			06/04/2015					

**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) Shares acquired through routine payroll deduction and participation in Issuer's Employee Stock Purchase Plan.
- Represents the approximate number of shares (excluding fractionals) acquired by the administrator of the Issuer's Employee Stock (2) Purchase Plan for the Reporting Person, based on astatement of the administrator.

The total number of securities beneficially held directly by the Reporting Person (excluding fractionals) includes: 1,311 shares held directly by Mr. Sheeley; 1,033 shares of restricted stock issued under the Issuer's Stock Plan which vest, subject to certain conditions, on

(3) 02/15/2018; 1,710 shares of restricted stock issued under the Issuer's Stock Plan which vest, subject to certain conditions, on 02/21/2019; and 1,439 shares of restricted stock issued under the Issuer's Stock Plan which vest, subject to certain conditions, on 02/20/2020.

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.