Edgar Filing: PROASSURANCE CORP - Form 4

PROASSUR	ANCE CORP										
Form 4											
May 29, 2013	3										
FORM						OMB AF	PROVAL				
	UNITE	D STATES		ATTIES A A Shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check thi				0 /					Expires:	January 31,	
if no long subject to		EMENT O	F CHAN	GES IN	GES IN BENEFICIAL OWNERSHIP (Estimated average burden hours per		
Section 1				SECURITIES							
Form 4 or	r								response	0.5	
Form 5	Filed	pursuant to	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,			
obligation may cont				•	•			1935 or Section	1		
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
	` ```										
(Print or Type F	(esponses)										
1. Name and Address of Reporting Person 2. Issuer			Name and Ticker or Trading			5. Relationship of Reporting Person(s) to					
Wilson Tho	^		Symbol	Name and ficker or frading				Issuer			
			-	SURANO	TE COR		2 4 1				
				SSURANCE CORP [PRA]				(Check all applicable)			
(Last)	(First)	(Middle)		of Earliest Transaction				X Director 10% Owner			
C/O PROAS	SSURANCE		(Month/L 05/29/2)	Day/Year)				Officer (give title Other (specify			
C/O PROASSURANCE 05/29/20 CORPORATION, 100			.015				below) below)				
	DOD PLACE										
	(Street)		4 If Ame	4 If Amondment Data Original				6. Individual or Joint/Group Filing(Check			
BIRMINGHAM, AL 35209				Amendment, Date Original				Applicable Line)			
			nui/Day/Teat)				_X_ Form filed by One Reporting Person				
							Form filed by More than One Reporting				
								Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	med	3.	4. Securi			5. Amount of	6. Ownership		
Security	(Month/Day/Ye		n Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct Indirect		
(Instr. 3) any (Month/D			Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(WORLD)	Day/ I Cal)	(111501.0)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						(A) or		Transaction(s)			
				Code V	Amount		Price	(Instr. 3 and 4)			
Common							\$				
Stock	05/29/2013			Р	1,000	А	49.87	3,467	D		
Stova							(1)				

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	Date	Amount	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underly	ing	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr. 3	and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									mount		
									mount		
						Date	DateExpirationExercisableDate	Ol Title N			
						Exercisable			Title Number of		
				Cada V	(Λ) (D)						
				Code V	(A) (D)			S	hares		
_											

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Wilson Thomas A.S. Jr C/O PROASSURANCE CORPORATION 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209	Х						
Signatures							
Frank B. O'Neil, Attorney-in-fact of the Rep Person	05/29/2013						
<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).

(1) All shares were purchased at this price.

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. not required to respond unless the form displays a currently valid OMB number.