EMC INSURANCE GROUP INC

Form 4 January 27, 2014

FORM 4

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Expires: 2005 Estimated average burden hours per

January 31,

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

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 30(h) of the Investment Company Act of 1940

response... 0.5

See Instruction 1(b).

(Print or Type Responses)

EMCI-COMMON

STOCK

1. Name and Address of Reporting Person * HOVICK KEVIN J		2. Issuer Name and Ticker or Trading Symbol EMC INSURANCE GROUP INC [EMCI]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 13560 LAKE S	(Firs	, , ,	3. Date of Earliest Transaction (Month/Day/Year) 01/24/2014		n	_X_ C below)	irector Officer (give title be CUTIVE VICE PF	elow)	cify
(Street) WEST DES MOINES, IA 50325			4. If Amendment, Date Original Filed(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			
(City)	(Stat	e) (Zip)	Table I - Non	-Derivativ	e Securities Acq	uired, D	isposed of, or Be	eneficially Ov	vned
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transacti Code (Instr. 8)	4. Securities Acon(A) or Dispose (Instr. 3, 4 and	d of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)

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

01/24/2014

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Reported

9,563

Transaction(s)

(Instr. 3 and 4)

(Instr. 4)

D

(A)

Price

22.28

Code V Amount (D)

1,000

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

M

Edgar Filing: EMC INSURANCE GROUP INC - Form 4

		3	9					
1. Title of Derivative Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	e 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number or Derivative 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 Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable Expiration Date	An or Title Nu of Sh	

M

Reporting Owners

\$ 22.28

Reporting Owner Name / Address Relationships

01/24/2014

Director 10% Owner Officer Other

HOVICK KEVIN J 13560 LAKE SHORE DRIVE WEST DES MOINES, IA 50325

EXECUTIVE VICE PRESIDENT & COO

1,000 02/06/2005(1) 02/06/2014(1)

COMMON

STOCK

Signatures

ISO

RIGHT

TO BUY

KEVIN J. HOVICK 01/27/2014

**Signature of 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) OPTIONS VEST IN FIVE EQUAL ANNUAL INSTALLMENTS BEGINNING ONE YEAR AFTER DATE OF GRANT.

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.

Reporting Owners 2