### EMC INSURANCE GROUP INC

Form 4/A

December 12, 2014

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

**OMB** Number:

3235-0287

0.5

Check this box if no longer subject to

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

January 31, Expires: 2005 Estimated average

**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations

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

burden hours per response...

may continue. See Instruction

30(h) of the Investment Company Act of 1940

5 Relationship of Reporting Person(s) to

1(b).

Stock

(Print or Type Responses)

1 Name and Address of Reporting Person \*

SIMONETTA LISA ANNE			2. Issuer Name and Ticker or Trading Symbol EMC INSURANCE GROUP INC [EMCI]					Issuer  (Check all applicable)				
(Last) (F	ŕ	(Middle)	3. Date of Earlie (Month/Day/Yea 12/08/2014		ion		X_ below	f .	10% Ov Other (s below) ce President			
DES MOINES, X	Street)	4. If Amendment, Date Original Filed(Month/Day/Year) 12/10/2014				Applio_X_ F	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) (S	State)	(Zip)	Table I - N	on-Derivat	tive Secur	ities A	cquired,	Disposed of, or	Beneficially (	Owned		
1.Title of Security (Instr. 3)	,		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired on (A) or Disposed of (D (Instr. 3, 4 and 5)  (A) or			Securities Ownership of I Beneficially Form: Ber Owned Direct (D) Ow Following or Indirect (Instrumental Control of Instrumental Control of Instrument				
EMCI-Common Stock	12/08/20	14		Code V	Amount 1,662	(D) D	Price \$ 31.55	(Instr. 3 and 4) 3,064	D			
EMCI-Common	12/08/20	14		M	2,709	A	\$ 19.35	5,773	D			

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

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.

19.35

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	S		Securi	unt of erlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

SIMONETTA LISA ANNE 20 SW 58TH DRIVE DES MOINES, X1 50312

Senior Vice President

# **Signatures**

Lisa A. Simonetta 12/12/2014

\*\*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).

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.

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