EMC INSURANCE GROUP INC

Form 4 June 13, 2016

FORM 4

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

OMB 3235-0287 Number:

Estimated average

burden hours per

Check this box if no longer subject to Section 16.

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

January 31, Expires: 2005

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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...

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting HOFFMANN RICHARD W	_	2. Issuer Name and Ticker or Trading Symbol EMC INSUIDANCE CROUDING	5. Relationship of Reporting Person(s) to Issuer		
		EMC INSURANCE GROUP INC [EMCI]	(Check all applicable)		
(Last) (First) (N	Middle)	3. Date of Earliest Transaction	Director 10% Owner		
		(Month/Day/Year)	X Officer (give title Other (specify below)		
P.O. BOX 712		06/09/2016	V.P., Gen. Counsel & Secretary		
(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
		Filed(Month/Day/Year)	Applicable Line)		
DES MOINES, IA 50306			_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(Sta	ate) (Zip)	Table I - No	on-Deri	vat	ive Secur	ities A	cquired, Di	sposed of, or Be	neficially Ow	ned
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (Instr.		4. Securities Acquired (A) oner Disposed of (D) (Instr. 3, 4 and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	Amount		Price	(Instr. 3 and 4)		
EMCI-Common Stock	n	06/09/2016		M		225	A	\$ 12.5767	1,292	I	Spouse
EMCI-Common Stock	n	06/09/2016		M		387	A	\$ 13.7833	1,679	I	Spouse
EMCI-Common Stock	n	06/09/2016		M		563	A	\$ 16.27	2,242	I	Spouse
EMCI-Common Stock	n	06/09/2016		M		1,125	A	\$ 13.9867	3,367	I	Spouse
EMCI-Common Stock	n	06/09/2016		F		1,680	D	\$ 26.1625	1,687	I	Spouse

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EMCI Common Stock	14,743	D	
EMCI-Common Stock	135	I	Note 1 (1)

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

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(9-02)

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)	ransaction of Derivative Code Securities		6. Date Exercisable and Expiration Date (Month/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
NQO Right To Buy	\$ 12.5767	06/09/2016		M	2	225	03/03/2010(2)	03/03/2019	Common Stock	225
NQO Right To Buy	\$ 13.7833	06/09/2016		M	3	387	03/01/2011(2)	03/01/2020	Common Stock	387
NQO Right To Buy	\$ 16.27	06/09/2016		M	5	563	03/01/2012(2)	03/01/2021	Common Stock	563
NQO Right To Buy	\$ 13.9867	06/09/2016		M	1,	,125	03/01/2013(2)	03/01/2022	Common Stock	1,125

Reporting Owners

Reporting Owner Name / Address	Relationships						
Treporting of their remove remove and their	Director	10% Owner	Officer	Other			
HOFFMANN RICHARD W							
P.O. BOX 712			V.P., Gen. Counsel & Secretary				
DES MOINES, IA 50306							

2 Reporting Owners

Signatures

Richard W. Hoffmann 06/13/2016

**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) Indirect beneficial ownership: spouse as custodian for son under U.T.M.A (Iowa)
- (2) Options vest in five equal annual installments (20%) 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.

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