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UNITED FIF Form 4 February 04,	RE GROUP IN 2016	٩C									
FORM	4								OMB AF	PROVAL	
	UNITE	CD STATES		RITIES A			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 31 2005 Estimated average burden hours per response 0.5		
Form 5 obligatior may conti <i>See</i> Instru 1(b).	¹⁸ Section	17(a) of the 1	Public U		ling Con	ipany	Act of	e Act of 1934, 7 1935 or Section 0	·		
(Print or Type R	Responses)										
Sheeley Michael J. Symbol			er Name and Ticker or Trading ED FIRE GROUP INC				5. Relationship of Reporting Person(s) to Issuer				
[UFCS]								(Check all applicable)			
(Month/D 118 SECOND AVENUE SE (Street) 4. If Ame				e of Earliest Transaction n/Day/Year) /2016				Director 10% Owner X Officer (give title Other (specify below) below) VP/COO - United Life Ins. Co.			
				ndment, Dat nth/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 			
CEDAR RA	PIDS, IA 524	01						Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Execution any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	(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)		
Common Stock	01/29/2016			J <u>(1)</u>	1 (2)	A	\$ 37.78	5,560 <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)

L S	. 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. Transacti 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)		Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting of the round round too	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 Mich Attorney-in-Fact	ael T. Wi	lkins,	02/04/2016				

**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 a statement of the administrator.

The total number of securities beneficially held directly by the Reporting Person (excluding fractionals) includes: 1,378 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.