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PROASSUI Form 4 November 2	RANCE CORP 22, 2013														
FORM	Л 4	~~.~~~									OM	1B APP	ROVA	٩L	
UNITED STATES S				SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-	-0287	
Check t if no lor subject Section Form 4	to STATEN 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES											Number: January 31 Expires: January 31 200 Estimated average burden hours per response 0.		
Form 5 obligati may con <i>See</i> Inst 1(b).	Filed pur ons ntinue. Section 17(a) of the Pu	ıblic U	tility 1	Hol		mpan	ny Act	nge Act of 193 of 1935 or Se 940					0.0	
(Print or Type	Responses)														
1. Name and O NEIL FF	S	2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer							
(Last)	(First) (I								Check	x all applicable)					
C/O PROASSURANCE CORPORATION, 100 BROOKWOOD PLACE			3. Date of Earliest Transaction (Month/Day/Year) 11/22/2013						Director 10% Owner X Officer (give titleX Other (specify below) below) Senior Vice-President / Assistant Secretary						
BIRMING	(Street) HAM, AL 35209-	F	. If Ame Filed(Mo			ate Origin r)	al		6. Individual Applicable Lin _X_ Form fileo Form filed Person	e) l by Oi	ne Report	ing Perso	on		
(City)	(State)	(Zip)	Tab	le I - N	on-l	Derivative	e Secu	rities A	cquired, Dispos	ed of,	or Bene	ficially	Ownee	d	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution D any	med 3. 4. Securities on Date, if TransactionAcquired (A) or Code Disposed of (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5 (A) or					or))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Owr Forr Dire	nership n: ect (D) ndirect	7. Nat Indire Benef Owne (Instr.	ure of ct icial rship		
Common Stock	11/22/2013			G	V	0	A	\$0	283 <u>(1)</u>	Ι		By so	on <u>(1)</u>		
Common Stock									72,805	D					
Common Stock									629	Ι		In Tr	ust <u>(2)</u>)	
Common Stock									2,025	Ι		the ProA	es helo ssura p Sav	nce	

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								and Retirer Plan	nent	
Common Stock						315	Ι	By dau	ighter	
Reminder: Re	port on a separ	rate line for each class	of securities benefic:	Persons informat required	who resp ion conta to response a current	indirectly. bond to the ined in this nd unless th tly valid OM	form are n ne form		474 -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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5		Securities	8. Price o Derivativ Security (Instr. 5)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(3)</u>					(3)	(3)	Common Stock	114	
Restricted Stock Units	<u>(3)</u>					(3)	(3)	Common Stock	116	
Restricted Stock Units	<u>(3)</u>					(3)	(3)	Common Stock	82	
Restricted Stock Units	<u>(4)</u>					<u>(4)</u>	<u>(4)</u>	Common Stock	2,198	

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				

O NEIL FRANK B C/O PROASSURANCE CORPORATION 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209-6811

Senior Vice-President Assistant Secretary

Signatures

Frank B. O'Neil

11/22/2013

**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) The reporting person's son has reached the age of majority and shares previously held in a UTMA account were transferred his account but continue to be reported separately as an indirect holding of the reporting person.
- (2) Shares are held in the George O'Neil Generation-Skipping Trust, Non-Exempt, fbo Frank B. O'Neil. The Reporting Person disclaims beneficial ownership because the Trustee retains sole investment control over the shares.

RSU's are equal in value to one share of Common Stock, are issued under the 2008 Equity Plan and acquired under terms of the ProAssurance Corporation 2011 Employee Stock Ownership Plan. The RSUs will vest upon the sooner of three years of continuous employment, termination of employment by reason of death or disability or for "good reason," or a change of control of the Company. If a participant terminates employment more than twelve months but less than three years from the date of grant, the RSUs will partially vest

(3) participant terminates employment more than twerve months but less than three years from the date of grant, the RSOS will participant vest based on the number of days that the participant was employed in the vesting period. Any RSUs that are unvested on termination of employment will be forfeited. In addition, if a participant withdraws shares purchased for his or her account, matching unvested RSUs will be forfeited. Upon vesting, we will pay the RSUs in shares of our Common Stock from those shares reserved for issuance under the 2008 Equity Plan. Value to be established upon vesting.

Each Restricted Stock Unit (RSU) represents a contingent right to receive one share of ProAssurance Corporation common stock, issuable from the ProAssurance 2008 Equity Incentive Plan. The RSUs will vest if the reporting person remains continuously employed by ProAssurance or one of its subsidiaries until December 31, 2013 (three years from date of grant). Vesting will accelerate upon termination

(4) of employment as the result of (i) death; (ii) disability; or (iii) Good Reason, as defined in the reporting person's employment agreement with ProAssurance Corporation, or by action of the Compensation Committee of the ProAssurance Corporation Board of Directors. The RSUs will be settled in shares of ProAssurance Common Stock and in cash, with the cash portion being approximately equal to the federal, state, and local taxes.

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.