AMERISAFE INC Form 4/A November 24, 2015

FORM 4

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

OMB APPROVAL OMB 3235-0287

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Number: January 31, Expires: 2005

subject to Section 16. Form 4 or Form 5

obligations

Estimated average burden hours per response... 0.5

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 may continue.

30(h) of the Investment Company Act of 1940

1(b).

stock, par

(1)

value \$0.01

11/09/2015

(Print or Type Responses)

See Instruction

| 1. Name and A Gau Brendar | 2. Issuer Name and Ticker or Trading Symbol AMERISAFE INC [AMSF] | | | | | g | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|---|---------|---------------------------------|---------------------------------|-------|---|---|------------|------------------|-------------------|-----------|
| (Last) | (First) (| Middle) | 3. Date of Earliest Transaction | | | | | | | | |
| 2301 HIGHV | (Month/Day/Year) 11/09/2015 | | | | | | Director 10% Owner X Officer (give title Other (specify below) below) Exec.VP & Chief Investment Of. | | | | |
| | 4. If Amendment, Date Original | | | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| DERIDDER | Filed(Month/Day/Year) 11/11/2015 | | | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) | Table | e I - No | n-D | erivative S | Securi | ties Acc | quired, Disposed | of, or Beneficial | lly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution D any (Month/Day. | | med on Date, if | 3. Transa Code (Instr. | actic | 4. Securities Acquired n(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | | | • • | • | · |
| Common stock, par value \$0.01 (1) Common | 11/09/2015 | | | М | | 435 | A | \$ 15.6 | 21,791 | D | |

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

S

435

D

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)

D

\$ 54 21,356

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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)

| 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. 5. Number Transactionof Code Derivative (Instr. 8) 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 of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|---|---------|--|--------------------|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Option (right to purchase) | \$ 15.6 | 11/09/2015 | | M | 435 | 08/07/2012 <u>(2)</u> | 08/07/2019 | Common stock, par value \$0.01 per share | 435 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Gau Brendan

2301 HIGHWAY 190 WEST Exec.VP & Chief Investment Of.

DERIDDER, LA 70634

Signatures

/s/ Brendan Gau 11/24/2015

**Signature of Person 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) Amendment file to 1) correct transaction codes and 2) include the correct acquisition price of securities in Table I.
- (2) The stock options became exercisable in five equal installments beginning on August 7, 2010, which was the first anniversary of the grant date.

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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