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UNITED FIR	E GROUP INC										
Form 4											
September 01	, 2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							ОМВ	PPROVAL 3235-0287			
Check this if no long subject to Section 16 Form 4 or Form 5 obligation	Filed purs	x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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							Number: January 31 Expires: 2005 Estimated average burden hours per response 0.5		
may conti <i>See</i> Instru- 1(b).	nue.			vestment (•	• •					
(Print or Type R	esponses)										
CONNER DAVID E Symbol				r Name and Ticker or Trading D FIRE GROUP INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				-				Director 10% Owner X Officer (give title Other (specify below) VP/Chief Claims Officer			
	(Street) 4. If Amer Filed(Mont				-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CEDAR RA	PIDS, IA 52407-3	3909						Form filed by M Person			
(City)	(State) (Zip)	Table	e I - Non-Do	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	n Date, if	(Instr. 8)	on(A) or Di (D) (Instr. 3,	spose 4 and (A) or	d of 5)	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	08/31/2015			Code V $J_{(1)}^{(1)}$	6 <u>(2)</u>	(D) A	Price \$ 33.2	2,590 <u>(3)</u>	I	By 401(k) Plan for Self	

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)

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. Transacti Code (Instr. 8)	of (Month/I		ate Amou Year) Under Secur		rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Inst
Beno	rting O	wnore		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners									

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Reporting Owner Name / Address	Kelationsnips							
I B	Director	10% Owner	Officer	Other				
CONNER DAVID E 118 SECOND AVENUE SE P.O. BOX 73909 CEDAR RAPIDS, IA 52407-3909			VP/Chief Claims Officer					
Signatures								
/s/ David E. Conner by Michael T. Attorney-in-Fact	Wilkins,		09/01/2015					
**Signature of Reporting P	erson		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 401(k) Plan.
- (2) Represents the approximate number of shares (excluding fractionals) acquired by the trustee/administrator of the Issuer's 401(k)Plan for the Reporting Person's benefit, based on a statement of the plan trustee/administrator.

The number of securities shown as being held in or acquired by the Issuer's 401(k) account for the Reporting Person's benefit are the approximate number of shares of Issuer common stock(excluding fractionals) for which the Reporting Person has the right to direct the

(3) vote under the Issuer's 401(k) Plan. Such shares are not directly allocated to 401(k) Plan participants, but are instead held in a unitized fund consisting primarily of Issuer common stock, together with a small percentage of short-term investments. 401(k) Plan participants acquire units of this fund.

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.