SAFETY INSURANCE GROUP INC

Form 4

August 18, 2008

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

Issuer

January 31, 2005

0.5

Estimated average

burden hours per response...

OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

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

Symbol

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

BRUSSARD DAVID F

1. Name and Address of Reporting Person *

			SAFETY INSURANCE GROUP INC [SAFT]			UP	(Check all applicable)			
(Last) (First) (Middle) 20 CUSTOM HOUSE STREET			3. Date of Earliest Transaction (Month/Day/Year) 08/14/2008					_X_ Director 10% Owner X_ Officer (give title Other (specify below) President, CEO and Chairman		
	(Street)	4.	I. If Ame	ndment, D	ate Origina	ıl	ϵ	. Individual or Join	nt/Group Filin	g(Check
BOSTON,	MA 02110	F	Filed(Mon	nth/Day/Yea	ar)		-	Applicable Line) X_ Form filed by Or Form filed by Mo Person	1 0	
(City)	(State)	(Zip)	Table	e I - Non-	Derivative	Secui	rities Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	Pate, if	3. Transactio Code (Instr. 8)	4. Securition Dispose (Instr. 3, 4	ed of (5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	08/14/2008	08/14/2008		M	33,210	A	\$ 12	155,095	D	
Common Stock	08/14/2008	08/14/2008	8	S	33,210	D	\$ 43.1851 (1)	121,885	D	
Common Stock								338,297	I	See (3)

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

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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. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Ar Underlying Se (Instr. 3 and 4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title I
Non-Qualified Stock Options (right to buy)	\$ 12	08/14/2008	08/14/2008	M	33,210	11/27/2007 <u>(2)</u>	11/27/2012	Common Stock

Reporting Owners

Reporting Owner Name / Address	Relationships
Reporting Owner Name / Address	

Director 10% Owner Officer Other

BRUSSARD DAVID F 20 CUSTOM HOUSE STREET

X

President, CEO and Chairman

Signatures

BOSTON, MA 02110

/s/David F.

08/18/2008

Brussard

**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).
- Represents the weighted average sale price of multiple open market same day sales with prices ranging from \$42.80 to \$43.5675 per (1) share. Full information regarding the number of shares sold at each separate price will be provided to the Securities and Exchange Commission, the issuer, or a security holder of the issuer upon request.
- (2) The reporting person was granted options to purchase 166,050 shares on November 27, 2002. These options vested in five equal 20% annual installments beginning November 27, 2003. Options have been previously exercised and reported with respect to 132,840 shares.
- (3) Shares are owned by a trust of which the reporting person is a trustee.

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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