Edgar Filing: MERCURY GENERAL CORP - Form 4

| MERCURY GEN Form 4 December 11, 201 | | RР | | | | | | | | | |
|---|-------------------------------|----------------------------|-----------------------------------|--|--------------------------------------|--------------|--|--|--|---|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB AF OMB Number: | PROVAL 3235-0287 | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations | Section 1 | SECUI 6(a) of th | RITIES | ities l | Exchange | Act of 1934, | Expires: Estimated a burden hour response | | | | |
| may continue. <i>See</i> Instruction 1(b). | Section 17(| | | tility Hol ivestmen | • | - | • | 1935 or Section 0 | I | | |
| (Print or Type Respon | ises) | | | | | | | | | | |
| WALTERS JUDY A Sy M | | | Symbol | r Name an URY GE | | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date of | | | f Earliest T Day/Year) 2014 | ransaction | I | | Director 10% Owner X Officer (give title Other (specify below) below) Corp.Secty - Vice President | | | | |
| | | | onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| LOS ANGELES, | CA 90010 | | | | | | | Form filed by Me Person | ore than One Re | porting | |
| (City) (S | State) | (Zip) | Tab | le I - Non- | Derivative | e Secu | rities Acqu | uired, Disposed of, | or Beneficial | y Owned | |
| | nsaction Date th/Day/Year) | Execution any | Date, if | 3. Transactio Code (Instr. 8) | 4. Securi por Dispo (Instr. 3, | sed 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 12/09 | 9/2014 | | | Code V S | Amount 500 | (D) D | Price \$ 59.4116 | 3 350 | D | | |
| Common Stock | | | | | | | | 1,547 | I | ESOP Plan | |

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.

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 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Tit Amou Under Secur (Instr | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|--|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | i | Relationships | | | | | | |
|--|-----------|---------------|-----------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| WALTERS JUDY A 4484 WILSHIRE BLVD. LOS ANGELES, CA 90010 | | | Corp.Secty - Vice President | | | | | |
| Signatures | | | | | | | | |
| Index Waltern 1 | 2/11/2014 | | | | | | | |

| Judy Walters | 12/11/2014 | | | |
|------------------|------------|--|--|--|
| **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).

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.