### Edgar Filing: MEADOWBROOK INSURANCE GROUP INC - Form 4

#### MEADOWBROOK INSURANCE GROUP INC

Form 4 July 09, 2015

## FORM 4

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

**OMB APPROVAL OMB** 3235-0287

Check this box if no longer subject to

Number: January 31, Expires: 2005

Section 16. Form 4 or Form 5 obligations

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

may continue. See Instruction

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 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * COSTELLO MICHAEL G			2. Issu Symbol		and Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer				
				OOWBR JP INC [	OOK INSURANCE MIG]	(Check all applicable)				
(Last)	(First)	(Middle)		of Earliest Day/Year	Transaction	DirectorX_ Officer (step below)	give title 1 below)	0% Owner Other (specify		
26255 AMERICAN DRIVE			02/20/	2015		SVP - General Counsel				
(Street)			4. If An	nendment,	Date Original	6. Individual or Joint/Group Filing(Check				
		Filed(M	onth/Day/Y	ear)	Applicable Line)					
SOUTHFII	4				_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tal	ble I - No	n-Derivative Securities Ac	quired, Dispose	l of, or Benefic	ially Owned		
1.Title of Security	2. Transaction I (Month/Day/Ye			3. Transac	4. Securities Acquired tior(A) or Disposed of (D)	5. Amount of Securities	6. Ownership	7. Nature o Indirect		

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)		
Common Stock	02/20/2015		A	34,132 (2)	A	\$ 8.65	134,137	D		
Common Stock	07/07/2015		<u>J(1)</u>	134,137	D	\$ 8.65	0	D		
Common Stock	07/07/2015		J <u>(1)</u>	7,009	D	\$ 8.65	0	I	401(k)	
Common Stock	07/07/2015		<u>J(1)</u>	200	D	\$ 8.65	0	I	Dependent Childrenj	

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

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Da	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr. :	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
				G 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

COSTELLO MICHAEL G 26255 AMERICAN DRIVE SOUTHFIELD, MI 48034

SVP - General Counsel

# **Signatures**

Michael Costello 07/09/2015

\*\*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).
- (1) On July 7, 2015 Fosun International Limited acquired Meadowbrook Insurance Group, Inc. for \$8.65 per share.
- (2) Shares were awarded under the 2015 LTIP plan.

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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