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AMERICAN NATIONAL INSURANCE CO /TX/

Form 4 May 03, 2016

FORM 4

if no longer

subject to

Section 16.

Form 4 or

obligations

may continue.

Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box 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 30(h) of the Investment Company Act of 1940

See Instruction 1(b).

(Last)

1.Title of

Security

(Instr. 3)

Derivative

Security

Conversion

or Exercise

(Print or Type Responses)

1. Name and Address of Reporting Person *

(First)

Moody-Dahlberg Frances A

2. Issuer Name and Ticker or Trading

Symbol

AMERICAN NATIONAL

INSURANCE CO /TX/ [ANAT]

(Month/Day/Year)

ONE MOODY PLAZA 05/02/2016

(Middle)

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

3. Date of Earliest Transaction

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

(Check all applicable)

Person

Issuer

below)

_X__ Director

Officer (give title

GALVESTON, TX 77550

(City) (State) (Zip)

(Month/Day/Year)

2. Transaction Date 2A. Deemed

4. Securities 3.

Execution Date, if Code (Month/Day/Year)

TransactionAcquired (A) or Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

Securities Owned

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Beneficially Following Reported

5. Amount of

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4)

(Instr. 4)

10% Owner Other (specify

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

(A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Derivative (Month/Day/Year)

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

Code

1. Title of 3. Transaction Date 3A. Deemed 4.

> (Month/Day/Year) Execution Date, if any

Transactionof

5. Number 6. Date Exercisable and Expiration Date

7. Title and Amount Underlying Securitie (Instr. 3 and 4)

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(Instr. 3) Price of (Month/Day/Year) (Instr. 8) Securities Derivative Security (A) or Disposed of (D) (Instr. 3, 4, and 5)

Code V (A) (D) Date Exercisable Expiration Date Title

05/03/2016

or Number of Shares

Amoui

Restricted

Stock (1) 05/02/2016 A 750 05/02/2017(2) 05/02/2017(2) Common Stock Thick

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Moody-Dahlberg Frances A ONE MOODY PLAZA

ONE MOODY PLAZA X GALVESTON, TX 77550

Signatures

Frances A. Moody-Dahlberg, by J. Mark Flippin as Attorney-in-Fact

**Signature of Reporting Person 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) Each restricted stock unit represents a contingent right to receive, upon vesting, one share of Issuer's common stock or, at the election of the reporting person, cash in an amount equal to the closing price of such stock on the date of vesting.
- (2) These restricted stock units vest on May 2, 2017, or upon the reporting person's earlier retirement, death or disability.

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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