MICHAEL JONATHAN E

Form 4 May 03, 2019

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

2. Issuer Name and Ticker or Trading

OMB APPROVAL OMB

3235-0287 Number:

January 31, Expires: 2005 Estimated average

burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Check this box if no longer subject to Section 16. Form 4 or

Form 5

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Symbol

RLI CORP [RLI]

may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

MICHAEL JONATHAN E

(T)	(F' -:)	0.6.111						(CIN	ck an applica	510)
(Last)	(First)	(Middle)	3. Date o	f Earliest T	ransaction					
9025 N. LINDBERGH DRIVE			(Month/Day/Year) 05/02/2019			X Director 10% OwnerX Officer (give title Other (specify below) President & CEO				
(Street) PEORIA, IL 61615			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secui	rities A	cquired, Disposed	of, or Benefic	ially Owned
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	Execution any		3. Transactic Code (Instr. 8)	4. SecurionAcquired Disposed (Instr. 3,	l (A) o l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) D (1)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock								249,204.8777	I	By Empl. Stock Ownership Plan (2)
Common Stock								134,154.073	I (1)	By Key Employee Benefit Plan
Common Stock								54,141.3762	I (1)	By Trust

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Common Stock	14,486.4687 I <u>(1</u>	Jonathan E. Michael Family Trust Number 1						
Common Stock	22,777.8139 I <u>(1</u>	Jonathan E. Michael Family Trust Number 2						
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)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share

Stock Common 05/02/2020(3) 05/02/2027 12,50 \$ 82.66 12,500 05/02/2019 A Option Stock

Reporting Owners

Person

Reporting Owner Name / Address		Relationships							
noporting o water round, raun		irector	10% Owner	Officer	Other				
MICHAEL JONATHAN E 9025 N. LINDBERGH DRI' PEORIA, IL 61615	VE	X		President & CEO					
Signatures									
/s/ Jonathan E. Michael	05/03/	2019							
**Signature of Reporting	Date								

Reporting Owners 2

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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) Ownership reflects dividend reinvestment
- (2) Balance reflects annual company contributions and dividend reinvestment.
- (3) Pursuant to option schedule wherein 20% of the aggregate number of shares granted may be exercised commencing one year from grant date and each year thereafter in 20% increments.

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.