Edgar Filing: Spinosa Frank Anthony - Form 4

Spinosa Fran	ik Anthony											
Form 4	019											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
Check this box if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Expires: Section 16. SECURITIES Estimate burden here								Number: Expires: Estimated a burden hou response	urs per			
(Print or Type F	Responses)											
Spinosa Frank Anthony Syn			Symbol	2. Issuer Name and Ticker or Trading Symbol PROASSURANCE CORP [PRA]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)		Earliest Ti		. [(Chec	k all applicable)		
(Mon			(Month/D	Month/Day/Year) 1/10/2018				X Director Officer (give below)	Officer (give title Other (specify			
			endment, Date Original onth/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 						
BIRMINGH	IAM, AL 3520)9						Form filed by M Person	Iore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	curity (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	01/10/2018			A <u>(1)</u>	767 <u>(1)</u>		\$ 54.65	7,826	D			

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)

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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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

S

Reporting Owner Name / Address	Relationships						
Treforming of the channel channels	Director	10% Owner	Officer	Other			
Spinosa Frank Anthony C/O PROASSURANCE CORPORATION 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209	Х						
Signatures							
Frank B. O'Neil with Power of Attorney for Person	0	1/11/2018					

**Signature of 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).

These shares were acquired from ProAssurance Corporation under its Director Deferred Stock Compensation Plan (the "Plan") and are exempt under Rule 16b-3. The Board of Directors may grant shares to directors at each annual meeting as part of their compensation and directors may elect to defer payment of the shares under the Plan. Any deferred shares are then credited to the electing director's account

(1) under the Plan, and accrue dividends as permitted by the Plan. On each subsequent dividend payment date, the accrued dividends are credited to the directors' deferred stock accounts as additional whole shares of deferred stock at the market price on the dividend payment date. Amounts attributable to fractional shares are denominated in dollars and applied toward additional shares of deferred stock on the next dividend payment date. Deferred stock will be paid solely in our shares of stock when the deferred stock is payable to the directors.

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.

Date