UNITED FIRE GROUP INC

Form 4 March 27, 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

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

Number: January 31, Expires:

10% Owner

2005

0.5

Section 16. Form 4 or Form 5 obligations may continue.

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

burden hours per response...

Estimated average

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Sheeley Michael J.

2. Issuer Name and Ticker or Trading

Symbol

UNITED FIRE GROUP INC

5. Relationship of Reporting Person(s) to Issuer

[UFCS]

(Last) (First) (Middle)

3. Date of Earliest Transaction

X_ Officer (give title below)

Director

(Month/Day/Year)

_ Other (specify

(Check all applicable)

03/26/2015

4. If Amendment, Date Original

VP/COO - United Life Ins. Co. 6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line) _X_ Form filed by One Reporting Person

Form filed by More than One Reporting

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

CEDAR RAPIDS, IA 52401

(City)

118 SECOND AVENUE SE

(Street)

(State)

(Zip)

								. , .	í í	•
1.Title of Security		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. 4. Securities TransactionAcquired (A) or		5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect		
	(Instr. 3)		any	Code	Disposed	of (D)	Beneficially	(D) or	Beneficial
			(Month/Day/Year)	(Instr. 8)	(Instr. 3,	4 and 5)		Owned	Indirect (I)	Ownership
			· · · · ·		, ,		Following	(Instr. 4)	(Instr. 4)	
						(4)		Reported		
						(A)		Transaction(s)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
										By Issuer's
	Common									Employee
	Common	03/26/2015		$A^{(1)}$	68 (2)	A	\$0	1,524	I	Stock
	Stock				_					Ownership
										Plan for self
										I fall for self

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.

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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	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	TransactionNumber		Expiration D	ration Date		t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative Securities				Securitie	es	(Instr. 5)	Bene
	Derivative							(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								^	mount		
									mount		
						Date	Expiration e Date	of			
						Exercisable					
				C + V	(A) (D)						
				Code V	(A) (D)			S	hares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Other Director 10% Owner Officer

Sheeley Michael J. 118 SECOND AVENUE SE CEDAR RAPIDS, IA 52401

VP/COO - United Life Ins. Co.

Signatures

/s/ Michael J. Sheeley by Michael T. Wilkins, Attorney-in-Fact

03/27/2015

**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).
- This transaction represents an allocation of shares held in trust by the Issuer's Employee Stock Ownership Plan on behalf of the Reporting **(1)** Person. Shares held in trust by the plan are not distributed to the Reporting Person until retirement.
- Represents the approximate number of shares (excluding fractionals) allocated by the trustee/administrator of the Issuer's Employee Stock **(2)** Ownership Plan for the Reporting Person's benefit.

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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