

AMERICAN NATIONAL INSURANCE CO /TX/

Form 3

May 23, 2014

FORM 3**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting
Person *

Â Ferrell Lee Chadwick

(Last)

(First)

(Middle)

ONE MOODY PLAZA

(Street)

GALVESTON,Â TXÂ 77550

(City)

(State)

(Zip)

2. Date of Event Requiring
Statement

(Month/Day/Year)

04/25/2014

3. Issuer Name **and** Ticker or Trading SymbolAMERICAN NATIONAL INSURANCE CO /TX/
[ANAT]4. Relationship of Reporting
Person(s) to Issuer5. If Amendment, Date Original
Filed(Month/Day/Year)

(Check all applicable)

☐ Director ☐ 10% Owner
☒ Officer ☐ Other
(give title below) (specify below)

See Remarks

6. Individual or Joint/Group
Filing(Check Applicable Line)
☒ Form filed by One Reporting
Person
☐ Form filed by More than One
Reporting Person**Table I - Non-Derivative Securities Beneficially Owned**1. Title of Security
(Instr. 4)2. Amount of Securities
Beneficially Owned
(Instr. 4)3. Ownership
Form:
Direct (D)
or Indirect
(I)
(Instr. 5)4. Nature of Indirect Beneficial
Ownership
(Instr. 5)

Common Stock

101

D

Â

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**1. Title of Derivative
Security
(Instr. 4)2. Date Exercisable and Expiration
Date
(Month/Day/Year)

Date Exercisable Expiration Date

3. Title and Amount of
Securities Underlying
Derivative Security
(Instr. 4)Title Amount or
Number of4. Conversion
or Exercise
Price of
Derivative
Security5. Ownership
Form of
Derivative
Security:
Direct (D)
or Indirect6. Nature of
Indirect Beneficial
Ownership
(Instr. 5)

				Shares		(I) (Instr. 5)	
Restricted Stock Units	03/01/2013 ⁽¹⁾	03/01/2015 ⁽¹⁾	Common Stock	16	\$ ⁽²⁾	D	Â
Restricted Stock Units	03/01/2014 ⁽³⁾	03/01/2016 ⁽³⁾	Common Stock	33	\$ ⁽²⁾	D	Â
Restricted Stock Units	03/01/2015 ⁽⁴⁾	03/01/2017 ⁽⁴⁾	Common Stock	50	\$ ⁽²⁾	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Ferrell Lee Chadwick ONE MOODY PLAZA GALVESTON, TX 77550	Â	Â	Â See Remarks	Â

Signatures

/s/ L. Chad
Ferrell

05/23/2014

 Signature of
Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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) These restricted stock units vest in three substantially equal installments, beginning on March 1, 2013, or upon the reporting person's earlier retirement, death or disability.
- (2) Each restricted stock unit represents a contingent right to receive, upon vesting, one share of the 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.
- (3) These restricted stock units vest in three substantially equal installments, beginning on March 1, 2014, or upon the reporting person's earlier retirement, death or disability.
- (4) These restricted stock units vest in three substantially equal installments, beginning on March 1, 2015, or upon the reporting person's earlier retirement, death or disability.

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Remarks:

SVP, Â Independent Â Marketing Â Group Â Operations

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.