### Edgar Filing: AMERICAN NATIONAL INSURANCE CO /TX/ - Form 4

AMERICAN Form 4 March 03, 20	NATIONAL	INSURAN	CE CO /T	Ϋ́X/							
FORM	1									PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287		
Check thi if no long								Expires: January 31, 2005 Estimated average burden hours per			
subject to STATEMENT OF CHANGE Section 16. SI					ES IN BENEFICIAL OWNERSHIP OF SECURITIES						
Form 4 or Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	response 0.5		
obligation	<sup>18</sup> Section	•					-	f 1935 or Sectio	m		
may conti <i>See</i> Instru 1(b).	inue.		) of the Inv	•	•	- ·					
(Print or Type R	(esponses)										
Stelling James P Sy Al			Symbol AMERIO	2. Issuer Name and Ticker or Trading Symbol AMERICAN NATIONAL INSURANCE CO /TX/ [ANAT]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
					L	INAI	. ]		100		
(Last)	(First)	(Middle)	3. Date of (Month/Da	Earliest Tra av/Year)	ansaction			Director X Officer (giv	e title Oth	b Owner er (specify	
			03/01/20	-				below) below) See Remarks			
			ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
GALVESTO	ON, TX 77550	)							More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Executi any	emed	3.	4. Securi onAcquired Disposed (Instr. 3,	ties l (A) o l of (D	r )	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common Stock $(1)$	03/01/2017			М	33	А	\$0	136	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)

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. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Date (Month/Day/Year	Pate		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(2)</u>	03/01/2017		М	16	03/01/2015 <u>(3)</u>	03/01/2017(3)	Common Stock	16	
Restricted Stock Units	<u>(2)</u>	03/01/2017		М	17	03/01/2016 <u>(4)</u>	03/01/2018 <u>(4)</u>	Common Stock	17	

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# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Stelling James P ONE MOODY PLAZA GALVESTON, TX 77550			See Remarks	8			
Signatures							
James P. Stelling, by J. Mark Fl Attorney-in-Fact	ippin as		03/0	)2/2017			
** Signature of Poporting	Damaan			Data			

\*\*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) This transaction represents the settlement of vested restricted stock units in shares of common stock.
- (2) 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.
- (3) These restricted stock units vest in three substantially equal annual installments, beginning March 1, 2015, or upon the reporting person's earlier retirement, death or disability.
- (4) These restricted stock units vest in three substantially equal annual installments, beginning March 1, 2016, or upon the reporting person's earlier retirement, death or disability.

#### **Remarks:**

SVP, Health Insurance Operations

#### **Reporting Owners**

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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.