Garrison Billy Joe Form 4 December 29, 2009

## FORM 4

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

**OMB** Number:

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**OMB APPROVAL** 

Estimated average burden hours per response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

STATEMENT OF CHANGES IN 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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Garrison Billy Joe			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)		
(Last) ONE MOODY	(First) Y PLAZA	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/28/2009	Director 10% Owner Other (specify below) See Remarks		
GALVESTON	(Street)		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		
GALVESTON, TX 77550				Person		

(City)	(State)	Zip) Table	e I - Non-D	erivative	Secur	rities Acq	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. Transactio Code (Instr. 8)	(			Beneficially (D) or Benefic Owned Indirect (I) Owners	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	12/28/2009		M	500	A	\$ 88	120	D	
Common Stock	12/28/2009		D	500	D	\$ 119.6	120	D	

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		4.		6. Date Exercisab	le and Expiration	7. Title and A	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transactic Code (Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Date (Month/Day/Year	·)	Underlying S (Instr. 3 and	
				Code V	ŕ	Date Exercisable	Expiration Date	Title	Am or Nu of Sha
Stock Appreciation Right	\$ 88	12/28/2009		M	500	08/01/2003(1)	08/01/2012(2)	Common Stock	5

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Garrison Billy Joe								
ONE MOODY PLAZA			See Remarks					
GALVESTON, TX 77550								

## **Signatures**

/s/ Billy Joe Garrison, by J. Mark Flippin as
Attorney-in-Fact

12/29/2009

\*\*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) SARs become exercisable in five equal annual installments beginning on the date shown.
- (2) SARs expire five years from the date they become exercisable. The date shown represents the expiration date of the final installment of SARs to become exercisable.

#### **Remarks:**

Reporting Person is Executive Vice President, Director of Career Sales & Service Division. This Form 4 reflects a cash settler of stock appreciation rights. The Reporting Person exercised 500 stock appreciation rights with an exercise price of \$88.00.

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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