Edgar Filing: Dummer Arthur Oleen - Form 4

Dummer Ar Form 4	thur Oleen										
May 02, 202	19										
Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287	
Check th if no lon			DENIER				Expires:	January 31, 2005			
subject t Section Form 4	IENI U	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per			
Form 5	Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							e Act of 1934.	response	0.5	
obligations may continue.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)										
			2. Issue Symbol	2. Issuer Name and Ticker or Trading ymbol				5. Relationship of Reporting Person(s) to Issuer			
	AMERICAN NATIONAL INSURANCE CO /TX/ [ANAT]					(Check all applicable)					
				of Earliest Transaction Day/Year)				_X_ Director 10% Owner Officer (give title Other (specify			
			05/01/2019					below) below)			
				endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
GALVEST	ON, TX 77550							Form filed by Me Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securiton(A) or Di (Instr. 3,	spose 4 and	d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(
Common Stock (1)	05/01/2019			М	750	А	\$0	7,074	D		
Common Stock (1)	05/01/2019			D	750	D	\$ 113.19	6,324	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.

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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 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)	Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Num of Share
Restricted Stock Units	<u>(2)</u>	05/01/2019		М		750	05/01/2019(3)	05/01/2019(3)	Common Stock	75
Restricted Stock Units	<u>(2)</u>	05/01/2019		А	750		05/01/2020(4)	05/01/2020(4)	Common Stock	75

Reporting Owners

Reporting Owner Name / Address				
reporting officer tame / rear cos	Director	10% Owner	Officer	Other
Dummer Arthur Oleen ONE MOODY PLAZA GALVESTON, TX 77550	Х			
Signatures				
Arthur O. Dummer, by J. Mark Attorney-in-Fact	Flippin a	IS		05/02/2019

**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).

This transaction represents the settlement of vested restricted stock units in cash based on the closing price of Issuer's common stock on (1) May 1, 2019. For reporting purposes, such settlement is treated as a simultaneous acquisition and disposition of the underlying common

Date

- (2) Each restricted stock unit represents a contingent right to receive, upon vesting, cash in an amount equal to the closing price of Issuer's common stock on the date of vesting.
- (3) These restricted stock units vested on May 1, 2019.
- (4) These restricted stock units vest on May 1, 2020, or upon the reporting person's earlier retirement, death or disability.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

stock.

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