

UNITED FIRE GROUP INC
 Form 4
 April 14, 2015

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

(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
 [UFCS]

5. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)

(Last) (First) (Middle)
 118 SECOND AVENUE SE
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 04/13/2015

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 VP/COO - United Life Ins. Co.

CEDAR RAPIDS, IA 52401

(City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

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 Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
				(A) or (D) Price			
Common Stock	04/13/2015		A ⁽¹⁾	30 A \$ 0	5,525 ⁽²⁾	D	

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr	
							Amount or Number of Shares			
						Date Exercisable	Expiration Date	Title		
						Code	V (A) (D)			

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
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
Date: 04/14/2015

**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).

(1) This transaction represents a service award for years of service with the company granted by the Issuer to the reporting person.

(2) The total number of securities beneficially held directly by the Reporting Person (excluding fractionals) includes: 1,311 shares held directly by Mr. Sheeley; 1,033 shares of restricted stock issued under the Issuer's Stock Plan which vest, subject to certain conditions, on 02/15/2018; 1,710 shares of restricted stock issued under the Issuer's Stock Plan which vest, subject to certain conditions, on 02/21/2019; and 1,439 shares of restricted stock issued under the Issuer's Stock Plan which vest, subject to certain conditions, on 02/20/2020.

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.