**RLI CORP** Form 4 July 06, 2017

## FORM 4

#### **OMB**

#### **OMB APPROVAL**

Check this box if no longer subject to Section 16.

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

Number:

Expires:

response...

3235-0287 January 31,

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

2005 Estimated average burden hours per

Form 4 or Form 5 obligations may continue.

See Instruction

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 \* STONE MICHAEL J

(Street)

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

(Middle)

RLI CORP [RLI]

(Check all applicable)

(Last) (First) 18808 GANTON AVENUE 3. Date of Earliest Transaction

(Month/Day/Year)

\_X\_\_ Director 10% Owner Officer (give title Other (specify

07/05/2017

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

Person

below)

BRADENTON, FL 34202

(City)	(State)	(Zip) Tal	-Derivativ	ired, 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. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or Code V Amount (D) Price		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 Indirect Beneficial Ownership (Instr. 4)		
Common Stock	07/05/2017		<u>J(1)</u>	3,127	D	\$ 0	43,179.9149	I (2)	By Trust
Common Stock	07/05/2017		<u>J(1)</u>	3,127	A	\$ 0	275,497.0138	D (2)	
Common Stock	07/05/2017		S(3)	947	D	\$ 54.7574	274,550.0138	D (2)	
Common Stock							880	I	By Wife, Custodian UTMA-FL
Common Stock							16,324.155	I (2)	M.J. Stone Grantor

			Retained Annuity Trust (M5) dtd. 10/31/11				
Common Stock	22,347.55	I (2)	M.J. Stone Grantor Retained Annuity Trust (M6) dtd. 10/31/11				
Common Stock	7,819	I	M.J. Stone Grantor Retained Annuity Trust (M9) dtd. 01/30/13				
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.							

# $\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$

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. Transacti Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		

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STONE MICHAEL J 18808 GANTON AVENUE X BRADENTON, FL 34202

### **Signatures**

/s/ Michael J.

Stone 07/06/2017

\*\*Signature of Date

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).
- (1) Quarterly distribution from the RLI Corp. Executive Deferred Compensation Plan to Michael J. Stone.
- (2) Ownership reflects dividend reinvestment
- (3) Sale of shares re payment of tax liability on quarterly deferred compensation distribution.

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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