PROASSURANCE CORP

Form 4

December 06, 2007

FORM 4

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

0.5

OMB APPROVAL

Section 16.
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

burden hours per response...

Estimated average

1(b).

(City)

(Zip)

(State)

(Print or Type Responses)

| 1. Name and Address of Reporting Person BUTRUS PAUL R | 2. Issuer Name and Ticker or Trading Symbol PROASSURANCE CORP [PRA] | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--|---|--|--|--|--|
| (Last) (First) (Middle) | 3. Date of Earliest Transaction | (Check all applicable) | | | |
| | (Month/Day/Year) | X Director 10% Owner | | | |
| C/O PROASSURANCE | 12/06/2007 | X Officer (give title Other (specify below) | | | |
| CORPORATION, 100 | | Senior Advisor | | | |
| BROOKWOOD PLACE | | Schol Advisor | | | |
| (Street) | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| | Filed(Month/Day/Year) | Applicable Line) | | | |
| | | _X_ Form filed by One Reporting Person | | | |
| BIRMINGHAM, AL 35209-6811 | | Form filed by More than One Reporting Person | | | |

| Table I - Non-Derivative Sec | urities Acquired | Disposed of | or Reneficially | Owned |
|------------------------------|------------------|----------------|------------------|-------|
| Table 1 - Non-Delivative See | arines Acquire | i, Disposcu oi | , or Denemerally | Owncu |

| (,) | () | 1 able 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Own | | | | | | | icially 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) | (A) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | |
| Common Stock | 12/06/2007 | | S | 2,500 | D | \$ 55.4 | 194,106 | D | |
| Common Stock | 12/06/2007 | | S | 900 | D | \$ 55.42 | 196,606 | D | |
| Common Stock | 12/06/2007 | | S | 100 | D | \$ 55.43 | 197,506 | D | |
| Common Stock | 12/06/2007 | | S | 2,200 | D | \$ 55.47 | 197,606 | D | |
| Common Stock | 12/06/2007 | | S | 100 | D | \$ 55.5 | 199,806 | D | |

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| Common Stock | | | | | | 9,602 (1) | I | ProAssurance Group Savings and Retirement Plan [401(k)] | |
|--|--|---|---|---|---|-------------------------|-----|---|--|
| Common Stock | | | | | | 47,321 | I | SEP / Regions Bank | |
| Reminder: Re | eport on a separ | rate line for each class | s of securities benefic | cially owned | d directly o | r 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. | | | | | | | | |
| 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. Transaction Code (Instr. 8) | 5. orNumber of Derivativ Securities Acquired (A) or | (Month/Day/Y re s | ate | 7. Title and Amount of 8 Underlying Securities 1 (Instr. 3 and 4) | |

| (Instr. 3) | Price of Derivative Security | (Month/Day/Year) | (Instr. 8) | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | |
|--|------------------------------|------------------|------------|---|------------------|--------------------|-----------------|-------------------------------------|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Option (Right to Buy) | \$ 51.48 | | | | 09/10/2007(2) | 09/10/2017 | Common Stock | 6,250 |
| Employee Stock Option (Right to Buy) | \$ 51.38 | | | | 09/11/2006(3) | 09/11/2016 | Common Stock | 6,250 |
| Employee Stock Option (Right to Buy) | \$ 41.15 | | | | 09/10/2005(4) | 09/10/2015 | Common Stock | 12,500 |
| Employee Stock Option | \$ 33.28 | | | | 09/10/2004(5) | 09/10/2014 | Common Stock | 12,500 |

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(Right to Buy)

Employee

Stock

Option \$ 22

 $09/04/2003\underline{^{(6)}} \quad 09/04/2013$

Common Stock 12,500

(Right to Buy)

Reporting Owners

| Reporting Owner Name / Address | Keiauonsinps | | | | | |
|--------------------------------|--------------|-----------|---------|-------|--|--|
| • 0 | Director | 10% Owner | Officer | Other | | |

BUTRUS PAUL R C/O PROASSURANCE CORPORATION 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209-6811

X Senior Advisor

Signatures

Frank B. O'Neil, POA for Paul R.

Butrus 12/06/2007

**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) These shares were allocated prior to August 29, 2002 and were exepmt under Rule 16b-3
- (2) The options vest in five equal, yearly installments commencing on September 10, 2007
- (3) The options vest in five equal, yearly installments commencing on September 11, 2006
- (4) The options vest in five equal, yearly installments commencing on September 10, 2005
- (5) The options vest in five equal, yearly installments commencing on September 10, 2004
- (6) The options vest in five equal, yearly installments commencing on September 4, 2003

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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