Edgar Filing: BOONE CHARLES S - Form 4

Form 4	ARLES S											
November 18	8, 2011											
FORM	14 UNITED S	TATES (SECHD	ITIES AT	ND FY(NCE	COMMISSION		PPROVAL		
		JAILS		hington,			NGE	201011011551013	OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 o Form 5			SECUR	ITIES			NERSHIP OF ge Act of 1934,	Expires: Estimated a burden hou response	irs per			
obligation may cont <i>See</i> Instru 1(b).	$\frac{1}{1}$ inue. Section 17(a	a) of the P	ublic Ut		ing Com	ipany	Act of	f 1935 or Sectio	n			
(Print or Type F	Responses)											
1. Name and Address of Reporting Person <u>*</u> BOONE CHARLES S			2. Issuer Name and Ticker or Trading Symbol OLD REPUBLIC INTERNATIONAL CORP [ORI]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 307 N MICI	(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/17/2011					Director 10% Owner X Officer (give title Other (specify below) below) Sr.VP.Investments & Treasurer			
				ndment, Dat th/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 				
(City)		(Zip)	T - 1 1	I. N D		a		Person	6 D			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed Date, if	3.	4. Securi on(A) or Di (D)	A) or Disposed of Securities Form: I D) Beneficially (D) or Instr. 3, 4 and 5) Owned Indirect Following (Instr. 4 (A) Reported Transaction(s)		6. Ownership Form: Direct	7. Nature of			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	11/17/2011			Р	2,000	А	\$ 7.69	7,750	D			
Common Stock	11/17/2011			J <u>(1)</u>	0	А	\$0	9,000	I	By Trust		
Common Stock	11/17/2011			J <u>(2)</u>	0	А	\$0	4,476	Ι	By BCC Plan		
Common Stock	11/17/2011			J <u>(3)</u>	0	А	\$0	38,444	Ι	By ESSOP		

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

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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.

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	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amoun	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Owne
	Security				Acquired						Follo
	-				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or N 1		
						Exercisable Date	Date		Number		
								of			
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BOONE CHARLES S 307 N MICHIGAN AVE STE 2300 CHICAGO, IL 60601			Sr.VP.Investments & Treasurer				
Signaturos							

Signatures

Charles S. 11/18/2011 Boone

<u>**</u>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) No transactions to report related to this indirect ownership of 9,000 shares.
- (2) No transactions to report related to this indirect ownership of 4,476 shares.
- (3) No transactions to report related to this indirect ownership of 38,444 shares.

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.