Edgar Filing: OLD REPUBLIC INTERNATIONAL CORP - Form 4

OLD REPU Form 4 May 15, 20	JBLIC INTERNA	TIONAL	CORP							
								OMB A	PPROVAL	
FORM	UNITED	STATES		RITIES A	N OMB Number:	3235-0287				
Check t if no los subject Section Form 4	nger to STATEN 16. or			SECUR	RITIES		Estimated burden hou response	urs per		
Form 5 obligations may continue. See Instruction 1(b). 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 MUELLEI	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 NORT	3. Date of Earliest Transaction (Month/Day/Year) 05/12/2017			Director 10% Owner X_ Officer (give title Other (specify below) Sr. VP & CFO						
				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			
CHICAGO), IL 60601						Person	y More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivati	ve Securities	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if (Instr. 3) any		Date, if	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D)) (Instr. 8) (Instr. 3, 4 and 5) (A) or		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)		
				Code V	Amoun	t (D) Pric	e			
Reminder: Re	eport on a separate line	e for each cl	ass of sec	urities benef	Pers info requ disp	sons who re rmation cor uired to resp	v or indirectly. espond to the collected ntained in this form pond unless the for ently valid OMB co	m are not orm	SEC 1474 (9-02)	

 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. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	 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
2017 Employee Stock Option	\$ 19.98	05/12/2017 <u>(1)</u>		A		39,500 (2)		12/31/2017	03/22/2027	Common Stock	39,500
Report	ting Ow	/ners									
Reporting Owner Name / Address			R	elation	ship	s					

Reporting Owner Maine / Address				
	Director	10% Owner	Officer	Other
MUELLER KARL W 307 NORTH MICHIGAN AVENUE CHICAGO, IL 60601			Sr. VP & CFO	
Signatures				
William J. Dasso, Power of Attorney	for Karl W	V.		
Mueller			05/15/2017	
<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) Date of notice to the optionee.

These shares vest and become exercisable each December 31 at the rate of 10% the first year, 15% the second year, 20% the third year, 25% the fourth year and 30% the fifth year. Also, vesting shall accelerate if the optionee dies, becomes disabled, retires or a change of

(2) 25% the fourth year and 50% the first year. Also, vesting shar accelerate if the optionice dies, becomes disabled, refres of a charge of control of the company occurs. For those optionees over age 65 and who have been employed for 10 years or more by the company on the date of the grant, 100% of the option shares vest immediately.

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.