

SAFETY INSURANCE GROUP INC
Form 4
March 13, 2014

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

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 *
PATRICK N EDWARD JR

2. Issuer Name and Ticker or Trading Symbol
SAFETY INSURANCE GROUP INC [SAFT]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
20 CUSTOM HOUSE STREET
(Street)

3. Date of Earliest Transaction (Month/Day/Year)
03/11/2014

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
VP - Underwriting

BOSTON, MA 02110

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

(City) (State) (Zip)

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 Indirect Beneficial Ownership (Instr. 4)
			Code	V Amount (A) or (D) Price			
Common Stock	03/11/2014		A	621 A \$ 0 ⁽¹⁾	88,365	D	
Common Stock	03/11/2014		A	710 A \$ 0 ⁽²⁾	89,075	D	
Common Stock	03/12/2014		F	1,033 ⁽³⁾ D \$ 53.795 ⁽⁴⁾	88,042	D	
Common Stock	03/12/2014		S	1,087 ⁽⁶⁾ D \$ 53.795 ⁽⁴⁾	86,955	D	
	03/13/2014		F	D	85,769	D	

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) Represents restricted stock awards effective March 11, 2014, with respect to which sale or transfer rights shall vest over three years with installments of 30% on March 11, 2015, 30% on March 11, 2016, and the remaining 40% on March 11, 2017, provided the grantee is still an employee of Safety Insurance Group, Inc. on such dates.

(2) Represents restricted stock awards granted effective March 11, 2014 with respect to which sale or transfer rights will vest over a three-year performance period commencing on January 1, 2013 and ending on December 31, 2016. Vesting of these shares is dependent upon the attainment of pre-established performance objectives, and any difference between shares granted and shares earned at the end of the performance period will be reported at the conclusion of the performance period in 2017.

(3) Represents securities delivered in payment of a tax liability with respect to vesting of securities issued in accordance with Rule 16b-3.

(4) Represents the weighted average sale price of multiple open market same day sales with prices ranging from \$53.50 to \$54.25 per share. Full information regarding the number of shares sold at each separate price will be provided to the Securities and Exchange Commission or a security holder of the issuer upon request.

(5) Represents the weighted average sale price of multiple open market same day sales with prices ranging from \$53.45 to \$53.81 per share. Full information regarding the number of shares sold at each separate price will be provided to the Securities and Exchange Commission or a security holder of the issuer upon request.

(6) Represents securities with respect to vesting of securities issued in accordance with Rule 16b-3.

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.