FLOWERS ROBERT E

Form 4 May 20, 2009

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

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Check this box if no longer subject to 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

1(b).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person * FLOWERS ROBERT E

2. Issuer Name and Ticker or Trading Symbol

PROASSURANCE CORP [PRA]

5. Relationship of Reporting Person(s) to

Issuer

(First)

(Middle)

(Zip)

3. Date of Earliest Transaction

(Check all applicable)

C/O PROASSURANCE

(Month/Day/Year)

X_ Director Officer (give title below)

10% Owner Other (specify

CORPORATION, 100 **BROOKWOOD PLACE**

> (Street) 4. If Amendment, Date Original

05/20/2009

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

D

BIRMINGHAM, AL 35209-6811

(State)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following (Instr. 4) Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4)

(D) Price Code V Amount

(A)

\$

(Instr. 3 and 4)

Transaction(s)

Common 1,297 05/20/2009 A 43.17 32,296 A (1) Stock (1)

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.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transact Code (Instr. 8)	orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	:		Amou Under Securi (Instr.	lying	Derivative Security (Instr. 5)	Deriv Secur Bene Own 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

FLOWERS ROBERT E C/O PROASSURANCE CORPORATION 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209-6811



Signatures

Frank B. O'Neil, Attorney-in-fact of the Reporting Person

05/20/2009

**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).

As disclosed on Page 37 of our 2009 Proxy Statement, non-management directors of ProAssurance receive a grant of ProAssurance stock as part of their compensation package each year, IF such a grant is recommended by the Compensation Committee. In 2009 the

recommended and approved stock compensation grant was for shares having a value of \$56,000. The number of whole shares is determined using the closing price of a share of stock on the New York Stock Exchange on the day of the Board of Directors meeting following the Annual Meeting of Shareholders. The closing price on May 20, 2009 was \$43.17 resulting in a distribution to each non-management director of 1,297 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.

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