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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	TES SECURITIES AND EX Washington, D.C. 20 OF CHANGES IN BENEF SECURITIES to Section 16(a) of the Securi he Public Utility Holding Con 0(h) of the Investment Compa	ICIAL OW ties Exchang mpany Act of	NERSHIP OF e Act of 1934, f 1935 or Sectior	OMB Number: Expires: Estimated a burden hour response	•
(Print or Type Responses) 1. Name and Address of Reporting Person Dunn John J. Jr.	 2. Issuer Name and Ticker o Symbol AMERICAN NATIONA INSURANCE CO /TX/ 	L	5. Relationship of Issuer (Check	Reporting Pers	
(Last) (First) (Middle) ONE MOODY PLAZA	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2013	-	Director X Officer (give below)		Owner er (specify
(Street) GALVESTON, TX 77550	4. If Amendment, Date Origin Filed(Month/Day/Year)	al	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person 		
(City) (State) (Zip)	Table I - Non-Derivative	Securities Aco		or Beneficial	lv Owned
(Instr. 3) any	Deemed 3. 4. Secur ution Date, if Transaction(A) or E	ities Acquired bisposed of (D) , 4 and 5) (A) or		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of
Common Stock (1) 03/01/2013	M 1,360	A \$0	1,360	D	
$\begin{array}{c} \text{Common} \\ \text{Stock} \ \underline{(2)} \end{array} 03/01/2013 \end{array}$	F 544	D \$ 80.05	816	D	

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

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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. Transactio Code (Instr. 8)	5. Numb onDerivativ Securitie Acquired or Dispo (D) (Instr. 3, and 5)	ve es d (A) osed of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo Underlying Secu (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	An or Nu of Sh
Restricted Stock Units	(3)	03/01/2013		М		880	03/01/2013(4)	03/01/2015(4)	Common Stock	
Restricted Stock Units	<u>(3)</u>	03/01/2013		М		480	03/01/2013 <u>(5)</u>	(5)	Common Stock	2
Restricted Stock Units	<u>(3)</u>	03/01/2013		А	3,234		03/01/2014 <u>(6)</u>	03/01/2016(6)	Common Stock	3

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Dunn John J. Jr. ONE MOODY PLAZA GALVESTON, TX 77550			See remarks.			
Signatures						

bigilatures

**Signature of

Reporting Person

03/04/2013 John J. Dunn, Jr.

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) This transaction represents the settlement of vested restricted stock units in shares of common stock.
- (2) Shares withheld at the election of the reporting person to satisfy applicable tax obligations.
- Each restricted stock unit represents a contingent right to receive, upon vesting, one share of the issuer's common stock or, at the election (3) of the reporting person, cash in an amount equal to the closing price of such stock on the date of vesting.
- These restricted stock units vest in three substantially equal annual installments, beginning on March 1, 2013, or upon the reporting (4) person's earlier retirement, death or disability.

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- (5) This entire restricted stock unit award vested on March 1, 2013.
- (6) These restricted stock units vest in three substantially equal annual installments, beginning on March 1, 2014, or upon the reporting person's earlier retirement, death or disability.

Remarks:

Reporting Person is Executive Vice President, Corporate Chief Financial Officer & Treasurer

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.