Narciso Paul J Form 4 March 28, 2018

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per 0.5 response...

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).

(Print or Type Responses)

1. Name and Address of Reporting Person *

2. Issuer Name and Ticker or Trading Symbol

Issuer

Narciso Paul J

SAFETY INSURANCE GROUP **INC** [SAFT]

(Check all applicable)

VP - Claims

5. Relationship of Reporting Person(s) to

(Last)

(First) (Middle) 3. Date of Earliest Transaction

X_ Officer (give title

Director

10% Owner Other (specify

C/O SAFETY INSURANCE, 20

(Month/Day/Year) 03/28/2018

below)

CUSTOM HOUSE ST.

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

(Street)

03/28/2018

Applicable Line)

Filed(Month/Day/Year)

F

X Form filed by One Reporting Person Form filed by More than One Reporting

BOSTON, MA 02110

(State) (Zip) (City) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired (A) 5. Amount of 6. 7. Nature of

Security (Instr. 3)

Common

Stock

(Month/Day/Year) Execution Date, if (Month/Day/Year)

Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

Securities Beneficially Owned Following

Reported

Ownership Form: Direct (D) or Indirect

(I)

Indirect Beneficial Ownership (Instr. 4)

(A) Code V Amount (D)

Transaction(s) (Instr. 3 and 4)

(Instr. 4)

Price

\$ 63 (1)

76.5099 D

D 21,480

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of

(2)

SEC 1474

information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(9-02)

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

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securities	(Instr. 5)	Bene
	Derivative				Securities Acquired		(Instr. 3 and 4)	4)	Own	
	Security								Follo	
					(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
								Amou	ınt	
								or		
							Expiration Date	Title Numl	er	
								of		
				Code V	(A) (D)			Shares	S	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Othe			

Narciso Paul J C/O SAFETY INSURANCE 20 CUSTOM HOUSE ST. BOSTON, MA 02110

VP - Claims

Signatures

/s/Paul J. 03/28/2018 Narciso

**Signature of Date Reporting Person

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 securities delivered in payment of a tax liability with respect to vesting of securities issued in accordance with Rule 16b-3.
- Represents the weighted average sale price of multiple open market same day sales with prices ranging from \$75.900 to \$76.725 per (2) 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.

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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