Edgar Filing: AMERICAN MEDICAL SECURITY GROUP INC - Form 4

AMERICAN MEDICAL SECURITY GROUP INC

Form 4

December 14, 2004

Oniv	UNITED	STATES			AND EXC , D.C. 205		IGE CO	OMMISSION	OMB Number:	3235-0287
Check the if no long subject to Section 1 Form 4 of Form 5 obligation may consider See Instruction 1(b).	STATEM 16. or Filed pur ns tinue.	TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, tion 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							Expires: January 20 Estimated average burden hours per response	
Print or Type	Responses)									
BALLOU ROGER H S							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3100 AMS BOULEVARD			3. Date of Earliest Transaction (Month/Day/Year) 12/13/2004				_X_ Director 10% Owner Officer (give title below) Other (specify below)			
GREEN BA	(Street)			endment, D nth/Day/Yea	ate Original			6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Pe	rson
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative S	ecuriti	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securities our Disposed (Instr. 3, 4 a	(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)
Common Stock	12/13/2004			Code V D	Amount 7,921.81	(D)	Price \$ 32.75	0	D	

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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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. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 E S (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee stock option (right to buy)	\$ 5.1875	12/13/2004		D	3,333	<u>(1)</u>	11/16/2012	Common Stock	3,333	
Employee stock option (right to buy)	\$ 10.2	12/13/2004		D	8,000	<u>(2)</u>	11/28/2013	Common Stock	8,000	
Employee stock option (right to buy)	\$ 14.41	12/13/2004		D	6,700	(3)	01/19/2015	Common Stock	6,700	
Employee stock option (right to buy)	\$ 10.25	12/13/2004		D	5,000	<u>(4)</u>	09/27/2010	Common Stock	5,000	

Reporting Owners

**Signature of Reporting Person

Reporting Owner Name / Address	Relationships					
reporting o where remainer requires	Director	10% Owner	Officer	Other		
BALLOU ROGER H 3100 AMS BOULEVARD GREEN BAY, WI 54313	X					
Signatures						
/s/Cheryl A. Thomson Attorney-in-Fact		12/13/2	004			

Reporting Owners 2

Date

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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 option vested in three equal annual installments beginning November 17, 2001
- (2) This option vested in three equal annual installments beginning November 29, 2002.
- (3) This option vested in three equal annual installments beginning January 20, 2003.
- (4) This option vested in three equal annual installments beginning September 28, 1999.

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.