#### Edgar Filing: MEEHAN THALIA - Form 4

Form 4	IALIA											
	larch 04, 2019							OMB APPROVAL				
FORM 4 UNITED STATES SECURITIES AND EXCHANCE Washington, D.C. 20549						NGE	COMMISSION		3235-0287			
Check this if no longe subject to Section 16 Form 4 or	box <b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b>							Expires: Estimated a burden hou response	irs per			
Form 5 obligations may continue. See Instruction 1(b). 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 Ro	esponses)											
1. Name and Ac MEEHAN T	2. Issuer Name <b>and</b> Ticker or Trading Symbol SAFETY INSURANCE GROUP INC [SAFT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) C/O SAFET GROUP, INC HOUSE STR	3. Date of Earliest Transaction (Month/Day/Year) 02/26/2019					X_ Director 10% Owner Officer (give title Other (specify below) below)						
	(Street) 4. If Amendment, I Filed(Month/Day/Ye				e Original			Applicable Line) _X_ Form filed by	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
BOSTON, M								Person		eporting		
(City)	(State)	(Zip)					ties Ac	quired, Disposed o		-		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution Execution any		3. Transactio Code (Instr. 8) Code V	4. Securi nAcquirec Disposed (Instr. 3, Amount	l (A) o l of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	02/26/2019			А	1,000	А	\$ 0 (1)	3,000	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.

 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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Relationships

10% Owner Officer Other

# **Reporting Owners**

**Reporting Owner Name / Address** 

MEEHAN THALIA C/O SAFETY INSURANCE GROUP, INC. 20 CUSTOM HOUSE STREET BOSTON, MA 02110

## Signatures

/s/ Thalia 03/01/2019 Meehan

\*\*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).

Director

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(1) Represents restricted stock award effective February 26, 2019.

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.