

Almodovar Pablo
Form 3
October 10, 2012

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

| | | | | |
|---|---------|--------------------------------------|--|--|
| 1. Name and Address of Reporting Person * | | 2. Date of Event Requiring Statement | 3. Issuer Name and Ticker or Trading Symbol | |
| Â Almodovar Pablo | | (Month/Day/Year) | TRIPLE-S MANAGEMENT CORP [GTS] | |
| (Last) | (First) | (Middle) | 4. Relationship of Reporting Person(s) to Issuer | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| 1441 AVE. F.D. ROOSEVELT, | | 10/01/2012 | (Check all applicable) | |
| 6TH FLOOR,Â P.O. BOX | | | _____ Director _____ 10% Owner | |
| 363628 | | | _X_ Officer _____ Other | |
| (Street) | | | (give title below) (specify below) | |
| SAN JUAN,Â PRÂ 00936-3628 | | | President, Triple-S Salud, Inc | |
| (City) | (State) | (Zip) | 6. Individual or Joint/Group Filing(Check Applicable Line) | |
| | | | _X_ Form filed by One Reporting Person | |
| | | | ___ Form filed by More than One Reporting Person | |

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|------------------------------------|--|---|--|
| Class B Common Stock | 11,072 ⁽¹⁾ | D | Â |

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative | 5. Ownership Form of Derivative Security: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|---|--|---|---|--|
|---|---|--|---|---|--|

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| Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Security | Direct (D) or Indirect (I) (Instr. 5) |
|--------------------------------------|------------------|----------------------|----------------------------|----------|---------------------------------------|
| Employee Stock Option (right to buy) | Â (2) 12/05/2014 | Class B Common Stock | 11,724 | \$ 14.5 | D Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|----------------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Almodovar Pablo 1441 AVE. F.D. ROOSEVELT, 6TH FLOOR P.O. BOX 363628 SAN JUAN, Â PR Â 00936-3628 | Â | Â | Â President, Triple-S Salud, Inc | Â |

Signatures

/s/ Manuel Rodriguez-Boissen
Attorney-in-Fact
10/10/2012

**Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) 5,414 shares were acquired pursuant to grants of restricted stock that vest in equal installments on each of the first three anniversaries of their respective grant dates. As of October 1, 2012, 3,901 restricted shares had vested.
- (2) The options are exercisable in three equal installments on each of the first three anniversaries of the grant date. As of December 6, 2010, all options were vested and exercisable.

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.