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MARKEL C	CORP										
Form 4											
March 14, 2	016										
FORM	ΠД								OMB AF	PROVAL	
Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer								Expires:	January 31,		
subject t Section Form 4 c	F CHANGES IN BENEFICIAL OWN SECURITIES						Estimated a burden hour response	•			
Form 5 obligatic may con <i>See</i> Instr 1(b).	tinue. Section 17	7(a) of the	Public U		ding Con	ipany	y Act of	Act of 1934, 1935 or Section)	I		
(Print or Type	Responses)										
1. Name and A Crouch Nor	2. Issuer Name and Ticker or Trading Symbol MARKEL CORP [MKL]					5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First)	(Middle)	3 Date o	f Earliest T	ransaction			(Check	all applicable)	
C/O MARKEL CORPORATION, 4521 HIGHWOODS PARKWAY			(Month/Day/Year) 03/10/2016					Director 10% Owner X Officer (give title Other (specify below) below) Chief Accounting Officer			
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
GLEN ALI	LEN, VA 23060		Filed(Mo	nth/Day/Yea	r)			Applicable Line) _X_ Form filed by O Form filed by Mo Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secur		ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	itle of 2. Transaction Date 2A. Deemed urity (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired (A Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (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	03/10/2016			Code V J	Amount 2.6234 (1)	(D) A	Price \$ 884.98	2,760.7066	D		
Common Stock								404.707	I	401(K) Plan (2)	
Common Stock								15	Ι	Health Savings Account	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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required to respond unless the form displays a currently valid OMB control number.

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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. Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Othe			
Crouch Nora N C/O MARKEL CORPORATION 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060			Chief Accounting Officer				
Signatures							
/s/ Donna L. Strauss, Attorney-in-fac Crouch		03/14/2016					
** Signature of Reporting Perso	n		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) Shares acquired pursuant to, or bonus shares granted under, Markel Corporation Employee Stock Purchase and Bonus Plan.

Holdings under the Markel Corporation 401(K) Plan are reported in units. The information reported herein is based on a plan statement(2) dated as of December 31, 2015 and utilizes the closing stock price on that date of \$883.35 per share. As of December 31, 2015, a unit under the Plan represented one share of Common Stock.

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.