Edgar Filing: SEARLES WILLIAM A - Form 4

| SEARLES V Form 4 | VILLIAM A | | | | | | | | | | |
|--|--|---|--------------------------------|--|---------------------------------------|------------------------|-------------|---|--|--|--|
| December 13 | ГЛ | STATES | SECUR | RITIES A | ND EX(| СНА | NGE (| OMMISSION | | PPROVAL | |
| | CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | |
| Check thi if no long subject to Section 1 Form 4 o | ger STATEN 6. r | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | Expires:January 31 2009Estimated average burden hours per response0.8 | |
| Form 5 obligation may cont <i>See</i> Instru 1(b). | ns Section 170 | (a) of the | Public Ut | | ling Con | npan | y Act of | e Act of 1934, E 1935 or Section 40 | n | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| SEARLES WILLIAM A Sym | | | Symbol | Name and | | | ng | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | AMERICAN PHYSICIANS SERVICE GROUP INC [amph] | | | | | (Check all applicable) | | | | | |
| | | | | f Earliest Transaction Day/Year) 005 | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| | | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| AUSTIN, TX 78746 | | | | | | lore than One Re | porung | | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | Executio any | med n Date, if Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securi on(A) or D (Instr. 3, | ispose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Com | | | | Code V | Amount | | Price | (Instr. 3 and 4) | | | |
| Common Stock | 12/09/2005 | | | S | 1,200 | D | \$ 11.81 | 4,000 | D | | |
| Common Stock | 12/12/2005 | | | S | 4,000 | D | \$ 11.98 | 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.

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

Reporting Owners

| Reporting Owner Name / Address | | | | |
|---|----------|-----------|---------|-------|
| I O | Director | 10% Owner | Officer | Other |
| SEARLES WILLIAM A 1301 CAPITAL OF TX HWY AUSTIN, TX 78746 | Х | | | |
| Signatures | | | | |
| /s/ William A. | | | | |
| Searles 12/ | 13/2005 | | | |
| **Signature of Reporting Person | Date | | | |
| Explanation of Re | spon | ses: | | |

* 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).

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.