PROASSURANCE CORP

Form 4

January 24, 2008

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

3235-0287 Number:

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * Lisenby Jeffrey Patton			2. Issuer Name and Ticker or Trading Symbol PROASSURANCE CORP [[PRA]]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(check an approach)		
C/O PROASSURANCE CORPORATION, 100 BROOKWOOD PLACE			(Month/Day/Year) 01/24/2008	Director 10% Owner _X Officer (give titleX Other (specify below) below) Vice-President / Corporate Secretary		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
BIRMINGHAM, AL 35209-6811			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

DIKIMINUTAWI, AL 33209-0011	

(City)	(State)	Zip) Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securi n(A) or Di (Instr. 3,	ispose 4 and (A) or	d 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	01/24/2008		S	200	D	\$ 58.11	1,969	D	
Common Stock	01/24/2008		S	156	D	\$ 58.07	2,169	D	
Common Stock	01/24/2008		S	100	D	\$ 58.06	2,325	D	

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

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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)

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. Transacti Code (Instr. 8)	of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 51.48					09/10/2007(1)	09/10/2017	Common Stock	1,000
Employee Stock Option (Right to Buy)	\$ 41.15					09/10/2005(2)	09/10/2015	Common Stock	1,250
Employee Stock Option (Right to Buy)	\$ 33.28					09/10/2004(3)	09/10/2014	Common Stock	1,000
Employee Stock Option (Right to Buy)	\$ 22					09/04/2003(4)	09/13/2013	Common Stock	800

Reporting Owners

Reporting Owner Name / Address	Relationships						
F	Director	10% Owner	Officer	Other			
Lisenby Jeffrey Patton			Vice-President	Corporate			
C/O PROASSURANCE CORPORATION				Secretary			
100 BROOKWOOD PLACE							

Reporting Owners 2

BIRMINGHAM, AL 35209-6811

Signatures

Jeffrey P. 01/24/2008 Lisenby

**Signature of Date
Reporting Person

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) The options vest in five equal, yearly installments commencing on September 10, 2007
- (2) The options vest in five equal, yearly installments commencing on September 10, 2005
- (3) The options vest in five equal, yearly installments commencing on September 10, 2004
- (4) The options vest in five equal, yearly installments commencing on September 4, 2003

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.

Signatures 3