Hallmark Insurance Co Form 4 September 27, 2017

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

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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

may continue. See Instruction 1(b).

(Print or Type Responses)

(Last)

(City)

Stock

1. Name and Address of Reporting Person * Hallmark Insurance Co

(First)

(Street)

(State)

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol RAVE RESTAURANT GROUP,

(Check all applicable)

INC. [RAVE] (Middle)

3. Date of Earliest Transaction (Month/Day/Year)

Director 10% Owner X_ Other (specify Officer (give title

6. Individual or Joint/Group Filing(Check

777 MAIN STREET, SUITE 1000 09/14/2017

(Zip)

below) below) See Note 1

4. If Amendment, Date Original Filed(Month/Day/Year)

Applicable Line)

Form filed by One Reporting Person _X_ Form filed by More than One Reporting

Person

FORT WORTH, TX 76102

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Beneficial Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported

(A) or Amount (D) Price

Transaction(s) (Instr. 3 and 4)

Code V Common 09/14/2017 X 128,311

252,428

 $D^{(1)}_{(2)}$

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

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(9-02)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			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
4% Convertible Senior Notes due 2022, Par \$100	\$ 2					05/15/2017	02/15/2022	Common Stock	46,700

Reporting Owners

Reporting Owner Name / Address	Relationships					
reporting owner runner reduces	Director	10% Owner	Officer	Other		
Hallmark Insurance Co 777 MAIN STREET SUITE 1000 FORT WORTH, TX 76102				See Note 1		
AMERICAN HALLMARK INSURANCE Co OF TEXAS 777 MAIN STREET SUITE 1000 FORT WORTH, TX 76102				See Note 1		
HALLMARK FINANCIAL SERVICES INC 777 MAIN STREET SUITE 1000 FORT WORTH, TX 76102				See Note 1		
Hallmark Specialty Insurance Co 777 MAIN STREET SUITE 1000 FORT WORTH, TX 76102				See Note 1		
Signatures						
Steven D. Davidson as Attorney-In-Fact for each Reporting Person		09/27/20	17			
**Signature of Reporting Person		Date				

Reporting Owners 2

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).
- Each Reporting Person is a member of a "group" for purposes of Section 13(d)(3) of the Exchange Act. The group consists of Hallmark Financial Services, Inc. ("HFS"), American Hallmark Insurance Company of Texas ("AHIC"), Hallmark Insurance Company ("HIC"),
- (1) Hallmark Specialty Insurance Company ("HSIC"), Newcastle Partners LP, Newcastle Capital Management LP, Newcastle Capital Group LLC, NCM Services Inc., Schwarz 2012 Family Trust, Mark E. Schwarz and Clinton J. Coleman.
- (2) Shares and transactions reported are owned directly by HIC. HFS is the direct or indirect parent of each of AHIC, HIC and HSIC.

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.