

TRIPLE-S MANAGEMENT CORP
Form 4
March 24, 2015

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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 *
Almodovar Pablo

2. Issuer Name and Ticker or Trading Symbol
TRIPLE-S MANAGEMENT CORP [GTS]

5. Relationship of Reporting Person(s) to Issuer
(Check all applicable)

(Last) (First) (Middle)
1441 AVE. F.D. ROOSEVELT, 6TH FLOOR, P.O. BOX 363628

3. Date of Earliest Transaction (Month/Day/Year)
03/21/2015

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
President, Triple-S Salud, Inc

(Street)
SAN JUAN, PR 00936-3628

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

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
				(A) or (D)	Price		
				Code	V	Amount	
Class B Common Stock	03/21/2015		A	(1)	1,720	A	\$ 0 33,681 D
Class B Common Stock	03/21/2015		A	(2)	1,929	A	\$ 0 35,610 D

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

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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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reporting Transaction (Instr. 6)
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

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, PR 00936-3628

President, Triple-S Salud, Inc

Signatures

/s/ Manuel Rodriguez-Boissen,
Attorney-in-fact

03/24/2015

**Signature of Reporting Person

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).

Represents common stock earned pursuant to a grant of Performance Shares on February 13, 2012. The Performance Shares resulting in
(1) the issuance of these shares of common stock did not constitute derivative securities. As a result, such Performance Shares were not required to be reported and were not reported on a Form 4 at the time of the award.

Represents common stock earned pursuant to a grant of Performance Shares on November 15, 2012. The Performance Shares resulting in
(2) the issuance of these shares of common stock did not constitute derivative securities. As a result, such Performance Shares were not required to be reported and were not reported on a Form 4 at the time of the award.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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