Edgar Filing: ALAMO GROUP INC - Form 4/A

| ALAMO GR | OUP INC | | | | | | | | | |
|---|---|--|-------------------------------|------------|--|---|---|--|-----------|--|
| Form 4/A | ~ | | | | | | | | | |
| April 06, 201 | | | | | | | | OMB AF | PROVAL | |
| FORM | 4 UNITED S | STATES SECU W | RITIES A ashington, | | | NGE C | OMMISSION | OMB OMB Number: | 3235-0287 | |
| Check this if no long subject to Section 10 Form 4 or Form 5 obligation | NGES IN SECUR | GES IN BENEFICIAL OWNERSHIP SECURITIES 6(a) of the Securities Exchange Act of 193 tility Holding Company Act of 1935 or Se | | | | January 31 Expires: 200 Estimated average burden hours per response 0.4 | | | | |
| may conti <i>See</i> Instru 1(b). | nue. | 30(h) of the 1 | • | • | · · | | | | | |
| (Print or Type R | esponses) | | | | | | | | | |
| 1. Name and A GEORGE R | er Name and Ticker or Trading O GROUP INC [ALG] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| (Last) | | | | | | | (Check all applicable) | | | |
| | | | Day/Year) | | | | Director 10% Owner X Officer (give title Other (specify below) below) VP, Secretary & Treasurer | | | |
| Filed(Mon | | | nendment, Da onth/Day/Year | - | l | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| SEGUIN, T | X 78155 | 03/24/ | 2015 | | | | Form filed by M Form filed by M | | | |
| (City) | (State) (| Zip) Ta | ble I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, it any (Month/Day/Year | Code | (Instr. 3, | spose | 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) | | |
| Common Stock | 03/24/2015 | | S | 1,000 | D | \$ 61.75 | 9,550 <u>(1)</u> | 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.

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

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Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | | |
|--|----------|---------------|---------------------------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| GEORGE ROBERT H 1627 EAST WALNUT ST SEGUIN, TX 78155 | | | VP, Secretary & Treasurer | | | | | | |
| Signatures | | | | | | | | | |
| Kelly Watson (Power of Attorn attached) | ney | 04/06/2015 | | | | | | | |
| **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).

This amendment is being filed to (i) correct the number of shares beneficially owned as reported in Column 5 of Table I to the original

(1) Form 4 filed by the reporting person on March 24, 2015, and (ii) replace the Form 4 inadvertently filed on April 2, 2015, instead of a Form 4/A, to make the same correction.

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.