### Edgar Filing: UNITED INSURANCE HOLDINGS CORP. - Form 4

UNITED INSURANCE HOLDINGS CORP.

Form 4 March 01, 2016

## FORM 4

#### OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Expires: January 31, 2005
Estimated average burden hours per

Form 4 or Form 5 obligations

may continue.

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

**SECURITIES** 

response... 0.5

See Instruction 1(b).

(Print or Type Responses)

LANGOWSKI JOHN S			2. Issuer Name <b>and</b> Ticker or Trading Symbol UNITED INSURANCE HOLDINGS CORP. [UIHC]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
	D INSURANCE CORP., 800 2N	(Month/D 02/24/2					Director 10% Owner Negative title Other (specify below) below)  Vice President, Claims			
ST. PETERS	(Street) SBURG, FL 3370 (State)	Filed(Mor	ndment, Da nth/Day/Year e I - Non-D	)		ities Acq	6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by N Person uired, Disposed of	One Reporting Pe More than One Re	rson porting	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	(Instr. 3,	(A) or (D)	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)	
Stock	02/24/2016		F	1,165	D	18.69	13,097	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.

SEC 1474

(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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	<b>.</b>	ate	Amor Unde Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

LANGOWSKI JOHN C/O UNITED INSURANCE HOLDINGS CORP. 800 2ND AVENUE S. ST. PETERSBURG, FL 33701

Vice President, Claims

9. Nu Deriv Secu

Owner Follo Repo Trans (Instr

### **Signatures**

/s/ John Rohloff, Attorney-in-Fact for John Langowski

03/01/2016

\*\*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).

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.

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