1347 Property Insurance Holdings, Inc.

Form 4

December 09, 2016

# FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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5. Relationship of Reporting Person(s) to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

obligations may continue. See Instruction

Check this box

if no longer

Section 16.

Form 4 or

Form 5

subject to

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

KINGSWAY FINANCIAL SERVICES INC			2. Issuer Name and Ticker or Trading Symbol 1347 Property Insurance Holdings, Inc. [PIH]				-	Issuer (Check all applicable)			
(Last)	(First)	3. Date of Earliest Transaction (Month/Day/Year)				DirectorX 10% Owner Officer (give title Other (specify below)					
150 PIERCE RD			12/07/2016					below)	Delow)		
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
ITASCA, I	L 60143							Person	More than One I	Reporting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative S	Securit	ies Acq	uired, Disposed o	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) Execution any (Month/E		n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Oay/Year) (Instr. 8)  (A) or				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	12/07/2016			S	100,000	D	\$ 7.57	900,000	I	By wholly owned subsidiary (1)	
Common Stock								75,000	I	By wholly owned subsidiary (2)	
Reminder: Re	eport on a separate l	ine for each o	class of sec	urities bene	ficially own	ed dire	ctly or i	ndirectly.			

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information contained in this form are not

SEC 1474

(9-02)

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#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	Title	Or		
						Exercisable	Date				
				Codo V	(A) (D)				of Charas		
				Code V	(A) (D)				Shares		

### **Reporting Owners**

Reporting Owner Name / Address	Kelationships					
. 0	Director	10% Owner	Officer	Other		
KINGSWAY FINANCIAL SERVICES INC						
150 PIERCE RD		X				

#### **Signatures**

ITASCA, IL 60143

/s/ Beverly J. Schafman, Attorney-in-Fact 12/09/2016 \*\*Signature of 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).

Date

- (1) Held by the reporting person's wholly-owned subsidiary Kingsway America Inc.
- (2) Held by the reporting person's wholly-owned subsidiary Mendakota Casualty Company.

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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