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UNITED INSURANCE HOLDINGS CORP.

Form 4 May 06, 2015

FORM 4

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

OMB 3235-0287 Number:

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005 Estimated average

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

burden hours per response... 0.5

See Instruction 1(b).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person * **HUDSON SHERRILL W**

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Symbol

UNITED INSURANCE HOLDINGS

(Check all applicable)

CORP. [UIHC]

_X__ Director 10% Owner

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

05/04/2015

Other (specify Officer (give title

C/O UNITED INSURANCE HOLDINGS CORP., 360 CENTRAL

(Street)

(State)

(First)

(Middle)

(Zip)

AVENUE, SUITE 900

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

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

Table I - Non-Darivative Securities Acquired Disposed of or Reneficially Owned

Issuer

ST. PETERSBURG, FL 33701

` *	` '	ie 1 - Non-Derivauve Securiues Acquired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)		ransaction Date 2A. Deemed onth/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	05/04/2015		P	7,500	A	\$ 16.979	62,500	D	
Common Stock	05/04/2015		P	7,500	A	\$ 17.393	70,000	D	
Common Stock	05/06/2015		A	5,000 (1)	A	\$0	75,000	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (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 Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amaunt		
						Date Expiration Exercisable Date	•	Title N			
				Code V	(A) (D)						
				Code V	4, and 5)		•	Title	Amount or Number of Shares		

Reporting Owners

Relationships

Reporting Owner Name / Address

Officer Director Other Owner

HUDSON SHERRILL W C/O UNITED INSURANCE HOLDINGS CORP. 360 CENTRAL AVENUE, SUITE 900 ST. PETERSBURG, FL 33701



Signatures

/s/ John Rohloff, Attorney-in-Fact for Sherrill Hudson

05/06/2015

**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).

These shares were acquired pursuant to a grant of restricted stock under the United Insurance Holdings Corp. 2013 Omnibus Incentive (1) Plan. The restricted stock will vest on the earlier of (i) the first anniversary of the grant date or (ii) immediately prior to the first annual

meeting of stockholders of the company that occurs in the year following the year of the grant date.

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.

Reporting Owners 2