

UNITED INSURANCE HOLDINGS CORP.  
 Form 4  
 May 06, 2015

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

OMB APPROVAL

OMB Number: 3235-0287  
 Expires: January 31, 2015  
 Estimated average burden hours per response... 0.5

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 \*  
 Branch Gregory C

2. Issuer Name and Ticker or Trading Symbol  
 UNITED INSURANCE HOLDINGS CORP. [UIHC]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)  
 05/06/2015

Director  10% Owner  
 Officer (give title below)  Other (specify below)

C/O UNITED INSURANCE HOLDINGS CORP., 360 CENTRAL AVENUE, SUITE 900

(Street)

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

ST. PETERSBURG, FL 33701

(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 Indirect Ownership (Instr. 4)                       |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|--|
| Common Stock                    | 05/06/2015                           |  | A                              | (A)<br>or<br>(D)<br>Code V Amount Price<br>A 40,000 (1) \$ 0      | 1,609,197   | D  |  |
| Common Stock                    |                                      |  |                                |   | 118,588   | I  | Held by Branch Journey, LLC. Reporting person is sole manager of |

|              |  |  |  |  |         |   |  |
|--------------|--|--|--|--|---------|---|--|
| Common Stock |  |  |  |  | 101,848 | I | Branch Journey, LLC.<br>Trustee for OC Branch Revocable Trust f/b/o Tracy L. Drake |
| Common Stock |  |  |  |  | 101,848 | I | Trustee for OC Branch Revocable Trust f/b/o Jennifer L. Branch                     |
| Common Stock |  |  |  |  | 101,848 | I | Trustee for OC Branch Revocable Trust f/b/o Overby C. Branch III                   |
| Common Stock |  |  |  |  | 101,848 | I | Trustee for OC Branch Revocable Trust f/b/o Christina M. Branch                    |

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)

| 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 (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%<br>Owner | Officer | Other |
| Branch Gregory C<br>C/O UNITED INSURANCE HOLDINGS CORP.<br>360 CENTRAL AVENUE, SUITE 900<br>ST. PETERSBURG, FL 33701 | X             |              |         |       |

## Signatures

/s/ John F. Rohloff, Attorney-in-Fact for Gregory C.  
Branch

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).

(1) These shares were acquired pursuant to a grant of restricted stock under the United Insurance Holdings Corp. 2013 Omnibus Incentive 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 unless (i) a Forfeiture Event (as defined in the Chairman Agreement) occurs or (ii) the Grantee's service with the Company pursuant to the Chairman Agreement terminates prior to the vesting date, unless such termination is the result of the expiration of the term of the Chairman Agreement immediately following the Company's 2019 annual meeting of stockholders pursuant to Section 2(a) of the Chairman Agreement.

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.