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ASSURANT	' INC										
Form 4											
March 15, 20	ГЛ						NCLO		OMB A	PPROVAL	
	UNITE	DSTATES		shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 o Form 5		SECUR	ITIES			NERSHIP OF Be Act of 1934, Expires: Estimate burden h response		ours per			
obligation may cont <i>See</i> Instru 1(b).	inue. Section 1			ility Hold vestment	•	· ·	•	1935 or Section 0	1		
(Print or Type F	Responses)										
Mergelmeyer Gene Syr				Name and		Tradi	ng	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction						eck all applicable)		
ASSURAN MANHATT	(Month/Day/Year) 03/11/2011					Director 10% Owner X Officer (give titleX Other (specify below) below) Executive Vice President / Pres., Assur. Spec. Property					
				endment, Date Original onth/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 			
NEW YORI	K, NY 10005							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Executio any	med n Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
G				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	03/11/2011			F	2,065	D	\$ 38.18	83,027	D		
Common Stock	03/12/2011			F	2,881	D	\$ 38.18	80,146	D		
Common Stock	03/13/2011			F	383	D	\$ 38.18	79,763 <u>(1)</u>	D		

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

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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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. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Mergelmeyer Gene ASSURANT, INC. ONE CHASE MANHATTAN PLAZA, 41 FL. NEW YORK, NY 10005			Executive Vice President	Pres., Assur. Spec. Property			
Signatures							
Lisa Richter 03/15/20)11						

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Includes restricted stock units.

Attorney-in-Fact

**Signature of Reporting Person

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.