Edgar Filing: ASSURANT INC - Form 4

| ASSURANT Form 4 | T INC | | | | | | | | | | |
|--|---|---------------------|--|---|--|--------|--|--|--|------------------------|--|
| April 21, 20 FORN | 1 / |) STATES | | | | | NGE C | OMMISSION | OMB AF OMB Number: | PROVAL 3235-0287 | |
| if no long subject to Section 1 Form 4 o Form 5 obligatio may cont | Washington, D.C. 20549Number:Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESExpires:Janu Expires:Statement of Section 16. Form 4 or Form 5 obligations may continue. See InstructionStatement of the Securities Exchange Act of 1934, 30(h) of the Investment Company Act of 1940Expires:Janu Expires: | | | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| Sondej John Andrew Symbo | | | | er Name and Ticker or Trading RANT INC [AIZ] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | ^(First) T, INC., 28 LIB 1ST FLOOR | (Middle) ERTY | 3. Date of (Month/D 04/19/20 | • | ansaction | | | Director X Officer (give below) | 10% | Owner er (specify | |
| | | | ndment, Date Original hth/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 | | | | |
| (City) | | (Zin) | | | | | | Person | | | |
| | (State) | (Zip) | | | | | - | uired, Disposed of | | • | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Yea | r) Execution any | med n Date, if Day/Year) | Code (Instr. 8) | 4. Securi on(A) or Di (Instr. 3, Amount | ispose | 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) | Indirect Beneficial | |
| Common Stock | 04/19/2016 | | | А | 3,849 (1) | А | \$0 | 17,235.01 | D | | |
| Common Stock | 04/19/2016 | | | F | 1,434 (2) | D | \$ 81.52 | 15,801.01 <u>(3)</u> | D | | |

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

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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 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. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-----------------------|---|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|-----------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Sondej John Andrew ASSURANT, INC. 28 LIBERTY STREET, 41ST FLOOR NEW YORK, NY 10005 | | | SVP, Controller (PAO) | | | | |
| Signatures | | | | | | | |

Lisa Richter 04/21/2016 Attorney-in-Fact

**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).
- Represents the number of shares issued upon vesting of performance share units ("PSUs") based on the relative performance achieved (1)during the 2013-2015 performance cycle.
- (2) Represents shares withheld to satisfy withholding obligations upon the April 19, 2016 PSU vesting.

Date

(3) Includes restricted stock units.

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.