

ASSURANT INC  
Form 4  
December 07, 2016

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2015  
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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 \*  
Schwartz Bart

(Last) (First) (Middle)  
C/O ASSURANT, INC., 28  
LIBERTY STREET, 41 FL.  
  
(Street)

NEW YORK, NY 10005

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
ASSURANT INC [AIZ]

3. Date of Earliest Transaction  
(Month/Day/Year)  
11/29/2016

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
EVP, Chief Legal Officer / Secretary

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**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 Ownership (Instr. 4)
			Code	V Amount (D) Price			
Common Stock	11/29/2016		G	V 59 D \$ 0	79,601 <sup>(1)</sup>	D	

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)**

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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.	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. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Transaction	Code	Number	Expiration Date (Month/Day/Year)	of	of
				(Instr. 8)	(Instr. 8)	(Instr. 8)	(Instr. 3 and 4)	(Instr. 5)	(Instr. 5)
				Derivative	Derivative	Derivative	Derivative	Derivative	Derivative
				Securities	Securities	Securities	Securities	Securities	Securities
				Acquired	Acquired	Acquired	Acquired	Acquired	Acquired
				(A) or	(A) or	(A) or	(A) or	(A) or	(A) or
				Disposed	Disposed	Disposed	Disposed	Disposed	Disposed
				of (D)	of (D)	of (D)	of (D)	of (D)	of (D)
				(Instr. 3,	(Instr. 3,	(Instr. 3,	(Instr. 3,	(Instr. 3,	(Instr. 3,
				4, and 5)	4, and 5)	4, and 5)	4, and 5)	4, and 5)	4, and 5)

### Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Schwartz Bart C/O ASSURANT, INC. 28 LIBERTY STREET, 41 FL. NEW YORK, NY 10005			EVP, Chief Legal Officer	Secretary

### Signatures

Lisa Richter,  
 Attorney-in-Fact                              12/07/2016

\*\*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) 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.