Edgar Filing: JACKSON LAWRENCE V - Form 4

| JACKSON LA Form 4 May 14, 2018 | | 7 | | | | | | | | | |
|---|--|--------------------|-----------------------------------|---|------------------------|---|-----------------|--|--|---|--|
| FORM | Л | | | | | | | | - | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 chlications Filed pursuant to Section 16(a) of the Securitie | | | | | es Ez | kchang | ge Act of 1934, | January 31Expires:2005Estimated averageburden hours perresponse0.5 | | | |
| may contin See Instruc 1(b). | ue. Section 1 | | Public Uti of the Inv | • | • | - · | | f 1935 or Sectio 40 | 'n | | |
| (Print or Type Re | esponses) | | | | | | | | | | |
| JACKSON LAWRENCE V Sy | | | Symbol | 2. Issuer Name and Ticker or Trading Symbol ASSURANT INC [AIZ] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Mont | | | | 3. Date of Earliest Transaction Month/Day/Year) 05/11/2018 | | | | XDirector10% Owner Officer (give titleOther (specify below)below) | | | |
| | (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | |
| NEW YORK | , NY 10005 | | | | | | | | More than One Re | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ar) Executi any | emed on Date, if /Day/Year) | 3. Transactio Code (Instr. 8) Code V | Disposed (Instr. 3, | l (A) c l 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) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 05/11/2018 | | | А | 1,428 (1) | A | \$0 | 18,975 <u>(2)</u> | 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.

 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 | Unde Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|---------------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| I O | Director | 10% Owner | Officer | Other | | | | |
| JACKSON LAWRENCE V C/O ASSURANT, INC. 28 LIBERTY STREET, 41 F. NEW YORK, NY 10005 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Lisa Richter, Attorney-in-Fact | 05/14/ | /2018 | | | | | | |

**Signature of Reporting Person

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) These shares are represented by restricted stock units.
- (2) 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.