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Form 4											
August 15, 1	ЛЛ							OMB AF	PROVAL		
	UNITED	Washington, D.C. 20549						OMB Number:	3235-0287		
Check the if no lor subject Section Form 4 Form 5	nger to 16. or	STATEMENT OF CHANGES IN BENEFICIAL OV SECURITIES						Expires: Estimated a burden hour response	•		
Form 5 obligations may continue. See Instruction 1(b). 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 Mergelmey	ymbol	l I				5. Relationship of Reporting Person(s) to Issuer					
			ASSURANT INC [AIZ] 3. Date of Earliest Transaction				(Check all applicable)				
(Month			Jate of Earliest 1 Ionth/Day/Year) 8/14/2018	th/Day/Year)				Director 10% Owner XOfficer (give title 0ther (specify below) below) EVP, COO			
			If Amendment, D led(Month/Day/Yea	Aonth/Day/Year)			6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person				
NEW YOR	RK, NY 10005					P	Form filed by Mo Person	ore than One Rej	porting		
(City)	(State)	(Zip)	Table I - Non-	Derivative	Secur	ities Acqui	red, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/Y	Code	4. Securiti onor Dispose (Instr. 3, 4 Amount	ed 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	08/14/2018		S	14,144		\$ 109.412 (1)	112,340 <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)

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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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	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		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Mergelmeyer Gene ASSURANT, INC. 28 LIBERTY STREET, 41 FL. NEW YORK, NY 10005			EVP, COO					
Signatures								
Paulette Lang, Attorney-in-Fact	08/1	5/2018						

**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).

The price range in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$109.00
 through \$109.92, inclusive. The reporting person undertakes to provide Assurant, Inc., any security holder of Assurant, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price with

- the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price with the ranges set forth to this footnote to this Form 4.
- (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.