DZIADZIO RICHARD S

Form 4 March 12, 2019

FORM 4

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

SECURITIES

OMB 3235-0287

Check this box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Number: January 31, Expires: 2005

0.5

OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

Estimated average burden hours per response...

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

Common

Stock

03/09/2019

(Print or Type Responses)

| 1. Name and Address of Reporting Person * DZIADZIO RICHARD S | | | ymbol | | Ticker or Trading | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|--|---------------------|-------------|--------------------|-------------|--------------------------|---|-----------------------|--------------|--|
| <i>(</i> 7 | (F) (A) | | ASSURANT INC [AIZ] | | | | | | |
| (Last) | (First) (N | | | Earliest Tr | ansaction | | | | |
| | | (1) | Month/Da | ay/Year) | | Director | | Owner | |
| | STREET, 41 FL. | 0. | 3/09/20 |)19 | | _X_ Officer (give below) EVP, C | below) FO, and Treasu | | |
| (Street) | | | If Amer | ndment, Da | te Original | 6. Individual or Joint/Group Filing(Check | | | |
| | | Fi | iled(Mon | th/Day/Year | | Applicable Line) _X_ Form filed by 0 | One Reporting Pe | rson | |
| NEW YOR | RK, NY 10005 | | | | | Form filed by N Person | More than One Re | porting | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative Securities Acq | quired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of | 2. Transaction Date | 2A. Deemed | d | 3. | 4. Securities Acquired | 5. Amount of | 6. Ownership | 7. Nature of | |
| Security | (Month/Day/Year) | Execution D | Date, if | Transactio | n(A) or Disposed of (D) | Securities | Form: Direct | Indirect | |
| (Instr. 3) | | any | | Code | (Instr. 3, 4 and 5) | Beneficially | (D) or | Beneficial | |
| | | (Month/Day | /Year) | (Instr. 8) | | Owned | Indirect (I) | Ownership | |
| | | | | | | Following | (Instr. 4) | (Instr. 4) | |
| | | | | | (A) | Reported | | | |
| | | | | | or | Transaction(s) | | | |
| | | | | C 1 37 | | (Instr. 3 and 4) | | | |

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

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24,873 (1)

D

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Code V Amount (D)

524

D

F

Price

99.96

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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. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) | | ate | 7. Title Amoun Underly Securiti (Instr. 3 | t of ying es | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr |
|---|---|--------------------------------------|---|--|---|---------------------|--------------------|---|--|---|--|
| | | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title N | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

DZIADZIO RICHARD S C/O ASSURANT, INC. 28 LIBERTY STREET, 41 FL. NEW YORK, NY 10005

EVP, CFO, and Treasurer

Signatures

Lisa Richter,

Attorney-in-Fact 03/12/2019

**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.

Reporting Owners 2