Edgar Filing: UNITED INSURANCE HOLDINGS CORP. - Form 4

UNITED INSURANCE HOLDINGS CORP.

Form 4

November 22, 2016

FORM	41								ITTOVAL	
	UNITEDS	TATES SECUE Was	RITIES All shington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check thi								Expires:	January 31,	
if no long subject to Section 10 Form 4 or Form 5	STATEMI 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1						Estimated a burden hou response	ırs per	
obligation may conti See Instru 1(b).	Section 17(a)	uant to Section 1) of the Public U 30(h) of the In	tility Hold	ing Com	ipany	Act o	of 1935 or Section	n		
(Print or Type R	desponses)									
DiFrancesco Paul F Syml			2. Issuer Name and Ticker or Trading ymbol				5. Relationship of Reporting Person(s) to Issuer			
			D INSURA [UIHC]	ANCE F	IOLL	DINGS	(Check all applicable)			
(Last)		(Month/D	. Date of Earliest Transaction Month/Day/Year)				Director 10% Owner Other (specify below)			
800 2ND AV	11/08/2	11/08/2016				Chief Underwriting Officer				
	(Street)	ndment, Date Original nth/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				
ST PETERS	BURG, FL 33701						Person	nore man one Re	porting	
(City)	(State) (Z	Zip) Tabl	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	TransactionAcquired (A) or Code Disposed of (D)		Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	11/08/2016		A	1,500	A	\$0	1,500	D		
Reminder: Repo	ort on a separate line f	or each class of secu	rities benefi	cially own	ed dire	ectly or	indirectly.			

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)

OMB APPROVAL

Edgar Filing: UNITED INSURANCE HOLDINGS CORP. - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title a	ınd	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orNumber	Expiration Date		Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Underlyi	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr. 3 a	and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								٨٠	ma a u m t		
									mount		
						Date	Expiration	or			
						Exercisable	Date		umber		
				G 1 17	(A) (D)			of			
				Code V	(A) (D)			Sh	nares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

DiFrancesco Paul F 800 2ND AVE S ST PETERSBURG, FL 33701

Chief Underwriting Officer

Signatures

/s/ Paul F

DiFrancesco 11/22/2016

**Signature of Date

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).

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