ASSURANT INC Form 4 January 05, 2009

FORM 4

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

Check this box if no longer subject to

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * SILVESTER LESLEY

> (Last) (First) (Middle)

ONE CHASE MANHATTAN PLAZA, 41ST FLOOR

NEW YORK, NY 10005

(Street)

Filed(Month/Day/Year)

2. Issuer Name and Ticker or Trading Symbol

ASSURANT INC [AIZ]

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

01/01/2009

4. If Amendment, Date Original

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

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Number:

Expires:

response...

Estimated average

burden hours per

Director 10% Owner X_ Officer (give title Other (specify below)

Executive Vice President

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

(City)	(State)	(Zip) Tab	le I - Non-l	Derivative	Secur	ities Acqı	uired, Disposed of	, or Beneficiall	y 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)	4. Securit or(A) or Di (Instr. 3,	sposed 4 and : (A) or	l of (D) 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 Indirect Beneficial Ownership (Instr. 4)
Common Stock	01/01/2009		Code V M	Amount 579.83	(D)	Price \$ 21.56	136,060.464	D	
Common Stock	01/01/2009		D	416.7	D	\$ 30	135,643.764	D	
Common Stock	01/01/2009		F	71.78	D	\$ 30	135,571.984	D	
Common Stock	01/01/2009		M	499.18	A	\$ 25.07	136,071.164	D	
Common Stock	01/01/2009		D	417.15	D	\$ 30	135,654.014	D	

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Common Stock	01/01/2009	F	36.09	D	\$ 30	135,617.924 (1)	D	
Common Stock						6,141.014 <u>(2)</u>	I	By 401 (k) Plan

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

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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)	onDerivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun Underlying Securiti (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amor or Numb of Sh
Stock Appreciation Right	\$ 21.56	01/01/2009		M		579.83	02/04/2005	01/01/2009	Common Stock	579
Stock Appreciation Right	\$ 25.07	01/01/2009		M		499.18	02/04/2005	01/01/2009	Common Stock	499

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				

SILVESTER LESLEY ONE CHASE MANHATTAN PLAZA 41ST FLOOR NEW YORK, NY 10005

Executive Vice President

Signatures

Lisa Richter 01/05/2009 Attorney-in-Fact

**Signature of Reporting Person Date

Reporting Owners 2

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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 a total of 137 shares, net of tax withholding (rounded to the nearest whole share) granted to Reporting Person pursuant to exercise of these SARs.
- (2) Between June 15, 2004 and September 30, 2008, the reporting person acquired 6,141.014 shares of Assurant, Inc. common stock under the Assurant, Inc. 401 (k) Plan. The information in this report is based on plan information dated as of September 30, 2008.

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.