Edgar Filing: ASSURANT INC - Form 4

ASSURANT	ΓINC											
Form 4												
January 04, 2	2016											
FORM	14						~~~ .			OMB AF	PROVAL	
	UNITE	ED STATES				ND EX(D.C. 20		NGE C	COMMISSION	OMB Number:	3235-0287	
Check th										Expires:	January 31,	
if no long subject to		EMENT O	F CHAN		GES IN BENEFICIAL OWNERSHIP OI					Estimated average		
Section 16. SECURITIES							burden hours per					
Form 4 c Form 5			a 1			a .				response	0.5	
obligatio		-						-	e Act of 1934,			
may cont See Instr	tinue. Section) of the In	•		•	· ·		1935 or Section 0	1		
1(b). (Print or Type l	Responses)											
1. Name and Address of Reporting Person <u>*</u> Price Stonehill Robyn			2. Issuer Name and Ticker or Trading Symbol ASSURANT INC [AIZ]					ıg	5. Relationship of Reporting Person(s) to Issuer			
			(Check all applicable)						:)			
(Last)	(First)	(Middle)	3. Date of			nsaction			Director	100	Owner	
ASSURAN STREET, 4	T, INC., 28 LI 1 FL.	BERTY	(Month/D 01/02/20	-)				Officer (give below)		er (specify	
	(Street)		4 If Ame	ndment	Date	Origina	1		,			
Filed(Mor				f Amendment, Date Original ed(Month/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 			
NEW YOR	K, NY 10005								Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non	ı-De	rivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any	med on Date, if Day/Year)	Code (Instr. 8	etion 3)	4. Securi (A) or Di (Instr. 3,	(A) or	d 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)		
Common				Code	V	Amount	(D)	Price				
Common Stock	01/02/2016			F		140	D	\$ 80.54	23,762.966 (1) (2)	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)	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) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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				
Price Stonehill Robyn ASSURANT, INC. 28 LIBERTY STREET, 41 FL. NEW YORK, NY 10005			EVP, Chief HR Officer					
Signatures								
Lisa Richter Attorney-in-Fact	01/04/2	2016						

**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.
- (2) Includes 124.378 shares acquired under the Assurant, Inc. Amended and Restated 2004 Employee Stock Purchase Plan ("ESPP") on June 30, 2015.

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.