Edgar Filing: ASSURANT INC - Form 4

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Form 4												
March 15, 20	4 UNITED	Washington, D.C. 20549								OMB APPROVAL OMB 3235-0287 Number:		
Check thi if no long subject to Section 14 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	6. Filed pur Section 17(a	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							burden hour response	xpires: January 31, 2005 stimated average urden hours per		
(Print or Type R	Responses)											
1. Name and Address of Reporting Person *2. IssueColberg Alan B.Symbol								5. Relationship of Reporting Person(s) to Issuer				
			ASSURANT INC [AIZ]					(Check all applicable)				
(Month/				te of Earliest Transaction th/Day/Year) 3/2017				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) President and CEO				
				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
NEW YOR	K, NY 10005								lore than One Re			
(City)	(State)	(Zip)	Table 1	I - Non-De	erivative S	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemec Execution D any (Month/Day	Date, if 7 (v/Year) (3. Fransactio Code Instr. 8) Code V	4. Securit r(A) or Di (Instr. 3, -	spose	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 Stock	03/13/2017			F	910	D	\$ 99.41	74,684.94 <u>(1)</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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic 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 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				
Colberg Alan B. C/O ASSURANT, INC. 28 LIBERTY STREET, 41 FL. NEW YORK, NY 10005	Х		President and CEO					
Signatures								
Lisa Richter Attorney in Fact	03/15/2	2017						

Date

**Signature of 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).
- (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.