Edgar Filing: ASSURANT INC - Form 4

ASSURANT Form 4											
November 13	ГЛ					NCEC			PROVAL		
	• • UNITED	STATES SECU Wa	RITIES A ashington,			NGE C	COMMISSION	OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 or	6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: January 31, 2005 Estimated average burden hours per response 0.5		
Form 5 obligatior may conti <i>See</i> Instru 1(b).	inue. Section 17(a	(20) (h) at the investment (Commenty A at at 10)(0)									
(Print or Type R	Responses)										
Mergelmeyer Gene Symbol			r Name and Ticker or Trading RANT INC [AIZ]			ng	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (N		3. Date of Earliest Transaction								
(Month/E ASSURANT, INC., ONE CHASE 11/12/2 MANHATTAN PLAZA, 41 FL.			h/Day/Year) 2/2013			Director 10% Owner X Officer (give titleX Other (specify below) below) Executive Vice President / Pres., Assur. Spec. Property					
(Street) 4. If Amer				ndment, Date Original			6. Individual or Joint/Group Filing(Check				
NEW YORI	onth/Day/Year	•)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip) Ta	ole I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	spose 4 and (A) or	d 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)			
Common Stock	11/12/2013		Code V F	Amount 522	(D) D	Price \$ 59.72	120,724 <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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Mergelmeyer Gene ASSURANT, INC. ONE CHASE MANHATTAN PLAZA, 41 FL. NEW YORK, NY 10005			Executive Vice President	Pres., Assur. Spec. Property		

Signatures

Lisa Richter 11/13/2013 Attorney-in-Fact

**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.