Edgar Filing: ASSURANT INC - Form 4

| ASSURANT Form 4 | | | | | | | | | | | |
|---|--|--|---|---|--|---|--|--|--|---------------------|--|
| November 16 | 4 UNITE | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | PROVAL 3235-0287 | |
| Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | er STAT 6. Filed Filed Finue. | 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 | | | | | | | Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5 | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| Colberg Alan B. Symbol | | | | ASSURANT INC [AIZ] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | | | | | (Check all applicable) | | | |
| | | | | e of Earliest Transaction th/Day/Year) 4/2016 | | | _X_ Director10% Owner _X_ Officer (give titleOther (specify below) below) President and CEO | | | | |
| | | | endment, Date Original nth/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | | | |
| NEW YORK | K, NY 10005 | | | | | | | _X_ Form filed by C Form filed by M Person | | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ar) Executio any | med on Date, if Day/Year) | 3. Transactic Code (Instr. 8) Code V | 4. Securi on(A) or Di (Instr. 3, Amount | (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 Stock | 11/14/2016 | | | F | 196 | D | \$ 86.01 | 68,587.189 (<u>1)</u> (<u>2)</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 | 7. Titl Amou Under Securi (Instr. | int 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 | | 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 | 11/16/2 | 016 | | | | | | |

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 106.13 shares acquired under the Assurant, Inc. Amended and Restated 2004 Employee Stock Purchase Plan ("ESPP") on June 30, 2016.
- (2) Includes restricted stock units.

**Signature of Reporting Person

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.