#### UNITED INSURANCE HOLDINGS CORP.

Form 4 May 15, 2017

Common

| Way 15, 20  | 11/   |  |  |  |             |               |                        |  |  |   |  |
|---|---|--|--|--|-------------|---------------|------------------------|--|--|---|--|
| FORM  | И 4   | ~ ~  |  |  | ~           |               |                        | OMB APPROVAL   |  |   |  |
| . •   | STATES  | SECURITIES AND EXCHANGE CO<br>Washington, D.C. 20549 |  |  |             |               | OMMISSION              | OMB  | 3235-0287  |   |  |
| Check t   | this box  |  | VV   | asningtor                                      | 1, D.C. 2   | U <b>34</b> 9 |                        |  | Number:  | January 31,   |  |
| if no lo<br>subject<br>Section<br>Form 4<br>Form 5  | statement of changes in Beneficial Ownership of 16.  SECURITIES |  |  |  |             |               |                        | Expires: 2005 Estimated average burden hours per response 0.5  |  |   |  |
| Form 5 obligations may continue.  See Instruction 1(b).  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 |   |  |  |  |             |               |                        |  |  |   |  |
| (Print or Type  | e Responses)  |  |  |  |             |               |                        |  |  |   |  |
| 1. Name and Address of Reporting Person * POITEVINT ALEC II   |   |  | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>UNITED INSURANCE HOLDINGS |  |             |               |                        | 5. Relationship of Reporting Person(s) to Issuer   |  |   |  |
|   | (   | CORP. [UIHC]   |  |  |             |               | (Check all applicable) |  |  |   |  |
| (Last) (First) (Middle)   |   |  | 3. Date of Earliest Transaction (Month/Day/Year)                                   |  |             |               |                        | _X_ Director 10% Owner Officer (give title Other (specify  |  |   |  |
|   | ED INSURANCI<br>GS CORP., 800 21<br>S                           |  | 05/12/   | 2017   |             |               |                        | below)   | below)   |   |  |
|   |   |  |  | nendment, I                                    | _           | al            |                        | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person            |  |   |  |
| ST. PETE  | RSBURG, FL 337  | 701  |  |  |             |               |                        | Form filed by M<br>Person  |  |   |  |
| (City)  | (State)   | (Zip)  | Ta   | ble I - Non-                                   | -Derivative | e Secu        | ırities Acqı           | uired, Disposed of   | , or Beneficia   | ally Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)  | urity (Month/Day/Year) Execution Date, it                       |  |  | Code (Instr. 3, 4 and 5) r) (Instr. 8)  (A) or |             |               |                        | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |  |
| Common<br>Stock   | 05/12/2017  |  |  | P  |             | (D)           | Price<br>\$<br>14.7297 | 496,742  | I  | See Footnote (1)                                      |  |
| Common<br>Stock   |   |  |  |  |             |               |                        | 18,300   | I  | Beneficial<br>Ownership,<br>Purchased<br>by Spouse    |  |
| Common<br>Stock   |   |  |  |  |             |               |                        | 20,000   | D  |   |  |

458,457

I

See

Stock Footnote (2)

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.

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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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transact<br>Code<br>(Instr. 8) | 5. ionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration D<br>(Month/Day/<br>e | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |       | te and unt of clying ities 3 and 4)    | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) |
|---|---|---|---|--------------------------------------|---|----------------------------------|--|-------|--|---|
|   |   |   |   | Code V                               | 7 (A) (D)   | Date<br>Exercisable              | Expiration<br>Date   | Title | Amount<br>or<br>Number<br>of<br>Shares |   |

# **Reporting Owners**

Relationships

**Reporting Owner Name / Address** 

Director  $\frac{10\%}{\text{Owner}}$  Officer Other

POITEVINT ALEC II C/O UNITED INSURANCE HOLDINGS CORP. 800 2ND AVENUE S ST. PETERSBURG, FL 33701



## **Signatures**

/s/ Jessica Strathman, Attorney-in-Fact for Alec L. Poitevint II

05/15/2017

\*\*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) Shares held by Reporting Person inderectly through Mineral Associates, Inc. Reporting Person has voting and investment power over these securities.
- (2) Shares held by Reporting Person indirectly through SEM Minerals, LP, a limited partnership whose General Partner is SEM Minerals, Inc., of which Reporting Person is the Chairman and President.

Reporting Owners 2

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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.