Edgar Filing: ASSURANT INC - Form 4

A COLID A NIT INCO

| Form 4 March 12, 20 | | | | | | | | | | |
|---|---|---|--------------------------------|--------------------|-------------------|--|---|---|--|------------------------------|
| | | | | | | | | OMB APPROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549 | | | | | | | COMMISSION | OMB Number: | 3235-0287 | |
| Check this if no long subject to Section 16 Form 4 or | er STAT 5. | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | Expires: Estimated a burden hou response | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | ^s Section 1 | 7(a) of the 1 | | ility Hole | ding Con | ipany | Act of | e Act of 1934, f 1935 or Section 40 | n | |
| (Print or Type R | esponses) | | | | | | | | | |
| 1. Name and Ad Colberg Alar | 2. Issuer Name and Ticker or Trading Symbol ASSURANT INC [AIZ] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (Middle) | 3. Date of Earliest Transaction | | | | | (Check all applicable) | | | |
| C/O ASSUR | ^(First) ANT, INC., C NHATTAN F | ONE | (Month/Da 03/10/20 | ay/Year) | | | | Director X Officer (give below) EVP, Mar | | Owner er (specify Dev. |
| | Filed(Month/Day/Year) Ap | | | | | Applicable Line) | dividual or Joint/Group Filing(Check cable Line) Form filed by One Reporting Person | | | |
| NEW YORK | K, NY 10005 | | | | | | | Form filed by N Person | | |
| (City) | (State) | (Zip) | Table | e I - Non-I | Derivative S | Securi | ties Acq | uired, Disposed of | f, or Beneficial | ly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ear) Executio any | med n Date, if Day/Year) | Code (Instr. 8) | on(A) or D (D) | ispose | d of | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial |
| Common Stock | 03/10/2014 | | | F | 2,219 | D | \$ 68.7 | 31,599.809 (1) | 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) | 4. Transacti Code (Instr. 8) | 5. orNumber 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 Owne 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 | | | | | | | |
|---|-----------|---------------|--|----------------------------|-------|--|--|--|--|
| | | | | Officer | Other | | | | |
| Colberg Alan B. C/O ASSURANT, INC. ONE CHASE MANHATTAN PLAZ NEW YORK, NY 10005 | A, 41 FL. | | | EVP, Marketing & Bus. Dev. | | | | | |
| Signatures | | | | | | | | | |
| Lisa Richter 03 Attorney-in-Fact 03 | 8/12/2014 | | | | | | | | |

**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.