Edgar Filing: ASSURANT INC - Form 4

| ASSURANT Form 4 | INC | | | | | | | | | | | |
|---|------------------------------------|------------------|---------------------------------|---|---|--------------------|---|---|--|---|--|--|
| May 12, 2014 | 1 | | | | | | | | | | | |
| | | | | | | | | | | OMB APPROVAL | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | - | 3235-0287 | | |
| Check this | s box | | vv as | nington, | D.C. 20: | 549 | | | Number: | January 31, | | |
| if no longer subject to Section 16. Form 4 or | | | | | | NERSHIP OF | Expires: Estimated a burden hou response | 2005 average irs per | | | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | $\frac{1}{1}$ Section 17 | 7(a) of the | | ility Hold | ing Com | ipany | Act c | ge Act of 1934, of 1935 or Sectio 40 | on | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| STEIN ROBERT W Sy | | | Symbol | 2. Issuer Name and Ticker or Trading Symbol ASSURANT INC [AIZ] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | | (Che | ck all applicable | e) | | | |
| (Month/ | | | (Month/Da 05/09/20 | nth/Day/Year) 99/2014 | | | | _X_Director10% Owner Officer (give titleOther (specify below)Other (specify | | | | |
| | | | | ndment, Date Original th/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| NEW YORK | K, NY 10005 | | | | | | | Form filed by I Person | More than One Ro | eporting | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | of, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Executionary | Execution Date, if | | 4. Securi onAcquirec Disposec (Instr. 3, | l (A) c l of (D |)) | Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common | | | | Code V | Amount 1,479 | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | |
| Stock | 05/09/2014 | | | А | (1) | А | \$0 | 5,746 <u>(1)</u> | D | | | |
| Common Stock | | | | | | | | 4,695 | I | By Family Trust (2) | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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 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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur 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 | | | | | | |
|--|-----------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| STEIN ROBERT W C/O ASSURANT, INC. 1 CHASE MANHATTAN PLAZ NEW YORK, NY 10005 | A, 41 FL. | Х | | | | | | |
| Signatures | | | | | | | | |
| Lisa Richter Attorney-in-Fact | 05/12/201 | 4 | | | | | | |
| <u>**</u> 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) These shares are represented by restricted stock units.
- (2) Robert W. Stein Revocable Living Trust and Christine M. Denham Revocable Living Trust, tenants in common.

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.