UNITED INSURANCE HOLDINGS CORP.

Form 4 March 20, 2014

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005 Estimated average

0.5

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

burden hours per response...

may continue. See Instruction

30(h) of the Investment Company Act of 1940

SECURITIES

1(b).

Form 5

obligations

(Print or Type Responses)

1. Name and Address of Reporting Person * Menon Deepak

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Symbol

UNITED INSURANCE HOLDINGS

(Check all applicable)

CORP. [UIHC]

(Last) (First) (Middle) 3. Date of Earliest Transaction

Director 10% Owner X__ Officer (give title Other (specify

(Month/Day/Year)

below) below) 03/18/2014 VP Operations and Business Dev

C/O UNITED INSURANCE HOLDINGS CORP., 360 CENTRAL

(Street)

AVE. SUITE 900

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

Issuer

ST. PETERSBURG, FL 33701

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned

Following

6. Ownership 7. Nature of Form: Direct Indirect Beneficial (D) or Indirect (I) Ownership (Instr. 4) (Instr. 4)

Reported (A)

15.25

Transaction(s) (Instr. 3 and 4)

Common 03/18/2014 Stock

Code V Amount (D) Price 3,279

36,889 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.

SEC 1474 (9-02)

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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. orNumber	6. Date Exerc Expiration D		7. Title at Amount of		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(monda, Day, Teal)	(Month/Day/Year)	Code (Instr. 8)	of (Month/Day/Ye Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Underlying Securities (Instr. 3 and 4)		Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	or Title Nu of	nount umber uares		

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Menon Deepak C/O UNITED INSURANCE HOLDINGS CORP. 360 CENTRAL AVE. SUITE 900 ST. PETERSBURG, FL 33701

VP Operations and Business Dev

Signatures

/s/ John Rohloff, Attorney-in-fact for Deepak Menon

03/20/2014

**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) The shares were acquired pursuant to a grant of restricted stock under the United Insurance Holdings Corp. 2013 Omnibus Incentive Plan. The award vests in three equal annual installments beginning March 18, 2015.

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.

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