#### Edgar Filing: UNITED INSURANCE HOLDINGS CORP. - Form 4

UNITED INSURANCE HOLDINGS CORP.

Form 4 March 20, 2015

## FORM 4

#### OMB APPROVAL

| <b>-</b>       | UNITED STATES SECURITIES AND EXCHANGE COMMISSION |
|----------------|--|
|                | Washington, D.C. 20549                           |
| Check this box |  |

OMB Number: 3235-0287

if no longer subject to Section 16. Expires: January 31, 2005

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Form 4 or Form 5 obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

LANGOWSKI JOHN Issuer 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) C/O UNITED INSURANCE 03/18/2015 Vice President, Claims HOLDINGS CORP., 360 CENTRAL **AVENUE, SUITE 900** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

ST. PETERSBURG, FL 33701

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 5. Amount of 6. Ownership 7. Nature of 4. Securities Acquired Form: Direct Indirect Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 8) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price Common 03/18/2015 F 14,262 D 457 D 21.86 Stock

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.              | 5.<br>orNumber  | 6. Date Exerc<br>Expiration Da |                    | 7. Title<br>Amou |  | 8. Price of Derivative | 9. Nu<br>Deriv  |
|------------------------|--|--------------------------------------|---|-----------------|---|--------------------------------|--------------------|------------------|--|------------------------|---|
| Security (Instr. 3)    | or Exercise Price of Derivative Security | (Monun Day/ Year)                    | execution Date, if any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/                    |                    | Under<br>Securi  | lying                                  | Security (Instr. 5)    | Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|                        |  |                                      |   | Code V          | (A) (D)   | Date<br>Exercisable            | Expiration<br>Date | Title            | Amount<br>or<br>Number<br>of<br>Shares |                        |   |

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

LANGOWSKI JOHN C/O UNITED INSURANCE HOLDINGS CORP. 360 CENTRAL AVENUE, SUITE 900 ST. PETERSBURG, FL 33701

Vice President, Claims

### **Signatures**

/s/ John Rohloff, Attorney-in-Fact for John Langowski

03/20/2015

\*\*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).

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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