#### UNITED INSURANCE HOLDINGS CORP.

Form 4

March 13, 2017

Check this box

if no longer

Section 16.

subject to

#### FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

0.5

burden hours per response...

Estimated average

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Washington, D.C. 20549

Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Salmon Kimberly 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 03/13/2017 General Counsel HOLDINGS CORP, 800 2ND AVENUE S. (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 Reneficially Owned

| (,)                                  | (= 1111)                             | Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |  |       |             |  | ially Owned  |   |
|--------------------------------------|--------------------------------------|--|--|--|-------|-------------|--|--|---|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)                      | 3.<br>Transactio<br>Code<br>(Instr. 8) | 4. Securi<br>on(A) or Di<br>(Instr. 3, | spose | d of (D)    | 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<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Common<br>Stock                      | 03/13/2017                           |  | P                                      | 500                                    | A     | \$<br>16.23 | 25,422   | I  | Beneficial<br>Ownership,<br>Purchased<br>by Spouse                |
| Common<br>Stock                      | 03/13/2017                           |  | P                                      | 1,500                                  | A     | \$<br>16.21 | 26,922   | I  | Beneficial<br>Ownership,<br>Purchased<br>by Spouse                |
| Common<br>Stock                      |                                      |  |  |  |       |             | 920  | I  | Beneficial<br>Ownership,  |

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

Purchased

Dependent Children

Common

Stock

32,241

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)

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.                | 5.         | 6. Date Exercisable |
|-------------|-------------|---------------------|--------------------|-------------------|------------|---------------------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | TransactionNumber |            | Expiration Date     |
| Security    | or Exercise |                     | any                | Code              | of         | (Month/Day/Year)    |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8)        | Derivative | e                   |
|             | Derivative  |                     |                    |                   | Securities |                     |
|             | Security    |                     |                    |                   | Acquired   |                     |
|             |             |                     |                    |                   | (A) or     |                     |
|             |             |                     |                    |                   | Disposed   |                     |
|             |             |                     |                    |                   | of (D)     |                     |
|             |             |                     |                    |                   | (Instr. 3, |                     |
|             |             |                     |                    |                   | 4, and 5)  |                     |
|             |             |                     |                    |                   |            |                     |

7. Title and xercisable and Amount of Underlying Securities (Instr. 3 and 4) 8. Price of Derivative Security (Instr. 5)

> Own Follo Repo Trans (Insti

9. Nu

Deriv

Secu

Bene

Amount

or Expiration Title Number

of Shares

Other

Code V (A) (D)

Date Exercisable

Relationships

## **Reporting Owners**

Reporting Owner Name / Address

10% Owner Officer Director

Salmon Kimberly

C/O UNITED INSURANCE HOLDINGS CORP 800 2ND AVENUE S.

ST. PETERSBURG, FL 33701

General Counsel

Date

### **Signatures**

/s/ Jessica Strathman, Attorney-in-Fact for Kimberly Salmon

03/13/2017

\*\*Signature of Reporting Person

Date

Reporting Owners 2

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

# **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.