## Edgar Filing: ASSURANT INC - Form 4

A COLID A NIT INCO

Form 4										
March 15, 20 FORM Check this	4 UNITED S	Washington, D.C. 20549							OMB APPROVAL OMB 3235-0287 Number: January 31	
if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	5. Filed purs s Section 17(a ction	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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						Expires: 2005 Estimated average burden hours per response 0.5		
1. Name and Address of Reporting Person *       2         Schwartz Bart       Sy			2. Issuer Name <b>and</b> Ticker or Trading Symbol ASSURANT INC [AIZ]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(M			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>03/13/2017</li></ul>				Director 10% Owner X Officer (give titleX Other (specify below) below) EVP, Chief Legal Officer / Secretary			
			mendment, Date Original Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
NEW YORK (City)		Zip) Ta	ble I - Non-D	Derivative	Secur	ities Aca	Person uired, Disposed of			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. f Transactio Code r) (Instr. 8)	4. Securi on(A) or Di (Instr. 3, Amount	ties Ao sposeo	cquired 1 of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	03/13/2017		F	672	D	\$ 99.41	80,999 <u>(1)</u>	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)

## Edgar Filing: ASSURANT INC - Form 4

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. Transactic Code (Instr. 8)	5. onNumber 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 Owna 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				
Schwartz Bart C/O ASSURANT, INC. 28 LIBERTY STREET, 41 FL. NEW YORK, NY 10005			EVP, Chief Legal Officer	Secretary				
Signatures								
Paulette Lang Attorney-in-Fact	03/15	/2017						

\*\*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.