Edgar Filing: ASSURANT INC - Form 4

A COLID A NIT INC

Form 4 March 15, 20											
FORN		O STATES					NGE C	COMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check th if no long subject to Section 1 Form 4 of Form 5 obligation may com See Instr 1(b).	ger o 16. or Filed pr ons tinue. Section 1'	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:January 31, 2005Estimated average burden hours per response0.5		
(Print or Type]	Responses)										
Mergelmeyer Gene Symbol				er Name and Ticker or Trading RANT INC [AIZ]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
^(Last) ASSURAN STREET, 4	^(First) T, INC., 28 LIE 1 FL.	(Middle) BERTY	3. Date of (Month/D 03/13/2	•	ansaction			Director X Officer (give below)	10%) Owner er (specify	
	(Street)			ndment, Da hth/Day/Year)	-	l		6. Individual or Jo Applicable Line) _X_ Form filed by C	-	-	
NEW YOR	K, NY 10005							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	asaction Date 2A. Deemed (Day/Year) Execution Date, if any (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 Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	03/13/2017			Code V F	Amount 851	or (D) D	Price \$ 99.41	Transaction(s) (Instr. 3 and 4) 112,489 (1)	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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							
I State and a state	Director	10% Owner	Officer	Other				
Mergelmeyer Gene ASSURANT, INC. 28 LIBERTY STREET, 41 FL. NEW YORK, NY 10005			EVP, COO					
Signatures								
Lisa Richter Attorney in Fact	03/15/2	2017						
<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) 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.