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A COLID A NIT INC

ASSURAN	ΓΙΝΟ										
Form 4	7										
	May 11, 2017 FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
	Washington, D.C. 20549						OMB Number:	3235-0287			
Check th if no lon subject to Section 7 Form 4 of Form 5 obligation may con See Instr	ger o 16. or Filed pur ons tinue.							Expires: Estimated a burden hour response			
l(b).	Desmonaes)										
(Print or Type)	Kesponses)										
			2. Issuer Name and Ticker or Trading Symbol ASSURANT INC [AIZ]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (I						(Check all applicable)				
(3. Date of Earliest Transaction (Month/Day/Year) 05/10/2017				Director 10% Owner Officer (give title Other (specify below) EVP, CRO				
	Amendment, Date Month/Day/Year)	nendment, Date Original onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 					
NEW YOR	K, NY 10005						Form filed by Mo Person				
(City)	(State)	(Zip)	able I - Non-De	erivative	Secur	ities Acqu	iired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Ye	if Transaction Code	(Instr. 3,	sposed	d 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 Indirect Beneficial Ownership (Instr. 4)		
Common Stock	05/10/2017			207	D	\$ 103.63	60,178.1 <u>(1)</u>	D			
Common Stock							3,948.817	I	By 401 (k) Plan		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Under Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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							
	Director	10% Owner	Officer	Other				
Pagano Christopher J ASSURANT, INC. 28 LIBERTY STREET, 41 FL. NEW YORK, NY 10005			EVP, CRO					
Signatures								
Lisa Richter, Attorney-in-Fact	05/11/2	017						
**Signature of Reporting Person	Date	e						

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.