## Edgar Filing: ASSURANT INC - Form 4

ASSURANT	Γ INC											
Form 4												
March 14, 20												
FORM	14 UNITED	STATE	SECUE	TTIES A	ND EV	~U л	NCEC	OMMISSION		PPROVAL		
<b>CONVIA</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287					
Check th	is box		vv az	mington,	D.C. 20	J <b>-</b> J				January 31,		
if no long		MENT O	F CHAN	GES IN BENEFICIAL OWNERSHIP OI SECURITIES				NERSHIP OF	Expires:	2005		
subject to Section 1	5								Estimated average burden hours per			
	Form 4 or								response 0.			
Form 5	Filed put	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,										
obligation may cont				•	•	· ·		1935 or Section	1			
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	0				
1(b).												
(Print or Type I	Responses)											
(I fint of Type I	(copolises)											
1. Name and A	Address of Reporting	Person *	2. Issuer	Name <b>and</b> Ticker or Trading 5. I				5. Relationship of Reporting Person(s) to				
Price Stonehill Robyn Symbol				Traine and Tieker of Training				Issuer				
			•	ANT INC	C[AIZ]					<b>`</b>		
(Last)	(First) (	Middle)	3. Date of	Earliest Tr	ansaction			(Checl	k all applicable	;)		
			(Month/D		unsuetion			Director	10%	Owner		
ASSURAN	T, INC., 28 LIBE	ERTY	03/10/2	-				X Officer (give	title Other below)	er (specify		
STREET, 4	1 FL.							below) EVP, C	Chief HR Offic	er		
	(Street)		4 If Ame	ndment, Da	te Origina	1		6 Individual or Io	int/Group Filir	or(Check		
			nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
				<b>,</b>				_X_ Form filed by C				
NEW YOR	K, NY 10005							Form filed by M Person	lore than One Re	porting		
(City)	(State)	(Zip)	T - 1 1		•	a	• • • • •	·	D			
	. ,	-						uired, Disposed of		-		
1.Title of Security	2. Transaction Dat			3. Transactic	4. Securi			5. Amount of Securities	6. Ownership Form: Direct			
(Instr. 3) any			ni Date, n	, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Beneficially	(D) or	Beneficial		
			Day/Year) (Instr. 8)					Owned Indirect (I) Owners				
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	00/10/2017						\$	00 0 40 410	D			
Stock	03/10/2017			F	266	D	99.64	28,342.413	D			
Common							\$	28,097.413				
Stock	03/12/2017			F	245	D	ф 99.64	(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.

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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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	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						
reporting of the reader to a	Director	10% Owner	Officer	Other			
Price Stonehill Robyn ASSURANT, INC. 28 LIBERTY STREET, 41 FL. NEW YORK, NY 10005			EVP, Chief HR Officer				
Signatures							
Lisa Richter Attorney	03/14/2	2017					

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* 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.

<u>\*\*</u>Signature of Reporting Person

in Fact

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.