Edgar Filing: ASSURANT INC - Form 4

A COLID A NIT INC

Form 4											
March 13, 20	Л	STATES SE					NGE (COMMISSION		PPROVAL 3235-0287	
if no long subject to Section 10 Form 4 or Form 5 obligation may conti	Section 16.SECURITIESForm 4 orForm 5Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Sectionsee Instruction30(h) of the Investment Company Act of 1940							Expires: January 31, 2005 Estimated average burden hours per response 0.5			
(Print or Type R	esponses)										
Mergelmeyer Gene Symbol			Issuer Name and Ticker or Trading nbol SURANT INC [AIZ]				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) ASSURANT STREET, 41	Г, INC., 28 LIBE	(Mo	Date of Earliest onth/Day/Year) 09/2017		isaction			Director X Officer (give below)	10%	6 Owner er (specify	
			f Amendment, l d(Month/Day/Ye	nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEW YORK	K, NY 10005							Form filed by M Person	Nore than One Re	eporting	
(City)	(State)	(Zip)	Table I - Non	-Dei	rivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Code	ctior	4. Securit Acquired Disposed (Instr. 3, -	(A) o 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	03/09/2017		Code A		Amount 5,317 (1)	(D) A	Price \$ 0	· · · · · ·	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic 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 Own 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				
Mergelmeyer Gene ASSURANT, INC. 28 LIBERTY STREET, 41 FL. NEW YORK, NY 10005			EVP, COO					
Signatures								
Lisa Richter Attorney in Fact	03/13/2	2017						

Date

**Signature of Reporting Person

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) These shares are represented by restricted stock units.
- (2) 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.