Edgar Filing: ASSURANT INC - Form 4

A COLID A NIT INCO

| Form 4 | IINC | | | | | | | | | | |
|---|---|---------------|--|--|--|--|---------------|--|--|--|--|
| January 14, 20 | 013 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | т | OMB APPROVAL | | |
| | UNITED | | SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549 | | | | | OMB Number: | 3235-0287 | | |
| Check this if no longe subject to Section 16 | 6. STATEMENT OF CHANGES IN BENEFICIAL SECURITIES | | | | | | LOW | NERSHIP OF | Expires: Estimated a burden hou | irs per | |
| Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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 30(h) of the Investment Company Act of 1940 | | | | | | | | 0.5 | | | |
| (Print or Type Ro | esponses) | | | | | | | | | | |
| Sondej John Andrew Symbol | | | | r Name and Ticker or Trading RANT INC [AIZ] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) (M | /liddle) | 3. Date of Earliest Transaction | | | | (Cheo | | | | |
| | | | | /Day/Year) /2013 | | | | Director 10% Owner X Officer (give title Other (specify below) SVP, Controller (PAO) | | | |
| | (Street) 4. If Amer Filed(Mont | | | | e Original | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | |
| NEW YORK | a, NY 10005 | | | | | | | _X_ Form filed by Form filed by M Person | | | |
| (City) | (State) | (Zip) | Table | I - Non-De | erivative S | ecuri | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | Execution any | | 3. Transactio Code (Instr. 8) | 4. Securit onAcquired Disposed (Instr. 3, | ties (A) o of (D 4 and (A) or | r) 5) | 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 | |
| Common Stock | 01/10/2013 | | | Code V A | Amount 750 (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)

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. ofNumber 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 | | |
| Sondej John Andrew ASSURANT, INC. ONE CHASE MANHATTAN PLAZA, 41ST FLOOR NEW YORK, NY 10005 | | | SVP, Controller (PAO) | | | |
| Signatures | | | | | | |
| Lisa Richter | | | | | | |

Lisa Richter 01/14/2013 Attorney-in-Fact

**Signature of Reporting Person

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) 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.