## Edgar Filing: ASSURANT INC - Form 4

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Form 4												
March 10, 201 FORM	<b>4</b> UNITED	<b>4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB APPROVAL OMB 3235-0287 Number:		
if no longe subject to Section 16 Form 4 or Form 5 obligations may contir <i>See</i> Instruc 1(b).	Filed pu Section 17	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</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							burden hou response	ated average n hours per		
(Print or Type Re	esponses)											
Schwartz Bart Symbol			Symbol	er Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			ASSURANT INC [AIZ]					(Check all applicable)				
(Month/I			3. Date of (Month/D 03/08/20	-				Director 10% Owner X Officer (give titleX Other (specify below) below) EVP, Chief Legal Officer / Secretary				
				ndment, Date Original hth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
NEW YORK	, NY 10005								fore than One Re			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
	2. Transaction Da (Month/Day/Year	) Execution any		3. Transactio Code (Instr. 8) Code V	(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)			
Common Stock	03/08/2015			F	1,714	D	\$ 61.59	62,675 <u>(1)</u>	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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt 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% Own		Officer	Other				
Schwartz Bart C/O ASSURANT, INC. 28 LIBERTY STREET, 41 FL. NEW YORK, NY 10005			EVP, Chief Legal Officer	Secretary				
Signatures								
Lisa Richter Attorney	03/10/2	2015						

in Fact 03/10/2

\*\*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.