Edgar Filing: Heritage Insurance Holdings, Inc. - Form 4/A

Heritage Insurance Holdings, Inc. Form 4/A September 25, 2014

								OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT OF CHANGES IN B SECURI Filed pursuant to Section 16(a) of the Section 17(a) of the Public Utility Holdi						es Exchang	Expires: Estimated a burden hou response n	ours per		
See Instruct 1(b).		30(h)	of the Inv	vestment (Company	Act of 19	40			
(Print or Type Ro	esponses)									
1. Name and Address of Reporting Person <u>*</u> Peiso Joseph R			2. Issuer Name and Ticker or Trading Symbol Heritage Insurance Holdings, Inc. [HRTG]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
HOLDINGS,	AGE INSURAN		3. Date of (Month/Da 08/15/20	-	nsaction		Director X Officer (give below) Vice Pres		6 Owner er (specify iance	
CLEARWAT	(Street) 4. If Amen Filed(Mont 08/19/20 ARWATER, FL 33759				e Original		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecurities Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)	Execution any		3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	ies (A) or 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							50,291	D		
Reminder: Repo	rt on a separate line	for each cl	lass of secur	ities benefic	cially owne	ed 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)

1. Title of Derivative2.Derivative SecurityConversion or Exercise(Instr. 3)Price of Derivative Security		3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	f Derivative g Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans
				of (D) (Instr. 3,					(Instr
				4, and 5)					
			Code V	(A) (D)	Date Exercisable	Expiration Date	or		
Dono	rtina O								

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Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Peiso Joseph R C/O HERITAGE INSURANCE HOLDING 2600 MCCORMICK DRIVE SUITE 300 CLEARWATER, FL 33759	S, INC.		Vice President of Compliance				
Signatures							
/s/ Bruce Lucas, by Power of Attorney	09/25/2014						
**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).

Remarks:

The reporting person initially filed a Form 4 on August 19, 2014 (the "Initial Form 4") reporting the award of stock options to

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.