### Edgar Filing: ASSURANT INC - Form 4

A COLID A NIT INC

Form 4											
Check this box if no longer subject to Section 16. Check this box if no longer Section 16. Check this box if no l								OMB Number: Expires: Estimated a burden hour response	•		
(Print or Type F	Responses)										
Schwartz Bart Symb			Symbol	e. Issuer Name <b>and</b> Ticker or Trading mbol SSURANT INC [AIZ]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M		3. Date of Earliest Transaction (Che						ck all applicable)		
	RANT, INC., 28 STREET, 41 FL.		Month/D 03/12/20	-				Director X_ Officer (give below) EVP, Chief L			
NEW YORI	(Street) K, NY 10005			ndment, Da th/Day/Year)	-	l		6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M	One Reporting Pe	rson	
(City)		(Zip)	<b>T</b> 11			a	•	Person			
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			le I - Non-Derivative Securities Acq 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of		
Common	02/12/2015			Code V	Amount 5,319	(D)	Price	(Instr. 3 and 4)	D		
Stock	03/12/2015			А	(1)	А	\$0	67,994	D		
Common Stock	03/13/2015			F	672	D	\$ 61.22	67,322	D		
Common Stock	03/14/2015			F	1,694	D	\$ 61.22	65,628 <u>(2)</u>	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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#### number.

# 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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	s Relationships							
	Director	10% Owner	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 03/16/2015 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.