## Edgar Filing: ASSURANT INC - Form 4

Washington, D.C. 20549 N   Check this box if no longer   subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF   Section 16. SECURITIES								OMB Number: Expires: Estimated a burden hour response			
(Print or Type	Responses)										
Colberg Alan B. Sym				2. Issuer Name <b>and</b> Ticker or Trading Symbol ASSURANT INC [AIZ]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)						k all applicable)			
				(Month/Day/Year) 04/27/2015				X Director 10% Owner X Officer (give title Other (specify below) below) President and CEO			
				mendment, Date Original /onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEW YORK, NY 10005								Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative S	Securi	ities Acq	uired, Disposed of,	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	med n Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	4. Securit on(A) or Dis (Instr. 3, 4)	sposed	l 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	04/27/2015			А	14,712 (1)	A	\$0	61,289.115	D		
Common Stock	04/27/2015			F	8,213 (2)	D	\$ 59.86	53,076.115 (3)	D		

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

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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. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	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>	Relationships						
	Director	10% Owner	Officer	Other			
Colberg Alan B. C/O ASSURANT, INC. 28 LIBERTY STREET, 41 FL. NEW YORK, NY 10005	Х		President and CEO				
Signatures							

## Lisa Richter

04/29/2015 Attorney-in-Fact 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).
- Represents the number of shares issued upon vesting of performance share units ("PSUs") based on the relative performance achieved (1)during the 2012-2014 performance cycle.
- (2) Represents shares withheld to satisfy withholding obligations upon the April 27, 2015 PSU vesting.

(3) 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.