Edgar Filing: National General Holdings Corp. - Form 4

National General Holdings Corp. Form 4 March 28, 2017

March 28, 2	2017										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB APPROVAL			
								OMB Number:	3235-0287		
if no loi	nger				DENIER				Expires:	January 31, 2005	
subject Section Form 4		F CHANGES IN BENEFICIAL OWNE SECURITIES						Estimated a burden hour response	verage		
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17((a) of the Pu	ublic Uti	lity Hol	lding Cor	npan	-	Act of 1934, 935 or Section			
(Print or Type	Responses)										
1. Name and Karfunkel	Symbol				I	5. Relationship of Reporting Person(s) to Issuer					
		National General Holdings Corp. (C [NGHC]						eck all applicable)			
			(v(0))(1)/(Jav/(1)a)				_	_X_ Director10% Owner _X_ Officer (give titleOther (specify below)below)			
C/O NGHO 38TH FLO	C, 59 MAIDEN L OOR	ANE, (03/27/20	17			U	· · · · · · · · · · · · · · · · · · ·	and President		
	(Street)		4. If Amen Filed(Montl		ate Origina	ıl		. Individual or Joi	nt/Group Filin	g(Check	
NEW YOF	RK, NY 10038						-	X_Form filed by Or Form filed by Mo erson			
(City)	(State)	(Zip)	Table	I - Non-J	Derivative	Secu		red, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day	on Date, if Transactionor Dispose Code (Instr. 3, 4			4 and 5) Beneficially Owned Following Reported			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
a			C	Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)	(111501.4)		
Common Stock, \$.01 par value	03/27/2017			Р	4,197	A	\$ 22.8644 (1)	7,692	D		
Common Stock, \$.01 par value	03/28/2017			Р	45,781	A	\$ 22.8656 (2)	53,473	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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 / Addre	255	Relationships							
	Director	10% Owner	Officer	Other					
Karfunkel Barry C/O NGHC 59 MAIDEN LANE, 38TH FLO NEW YORK, NY 10038	DOR X		CEO and President						
Signatures									
/s/ Barry 03. Karfunkel	/28/2017								

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).

Reflects a weighted average purchase price of \$22.8644 per share, at prices ranging from \$22.64 to \$23.01 per share. The reporting
 (1) person will provide, upon request by the staff of the Securities and Exchange Commission, the Company, or a security holder of the Company, full information regarding the number of shares purchased at each separate price.

Reflects a weighted average purchase price of \$22.8656 per share, at prices ranging from \$22.73 to \$22.89 per share. The reporting(2) person will provide, upon request by the staff of the Securities and Exchange Commission, the Company, or a security holder of the Company, full information regarding the number of shares purchased at each separate price.

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.

**Signature of

Reporting Person