Heritage Insurance Holdings, Inc.

Form 4

December 04, 2014

FORM	Ī		RITIES AND EXCHA	NGE COMMISSION		PPROVAL 3235-0287		
Check thi if no long subject to Section 19 Form 4 of	statem statem	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						
Form 5 obligation may continue <i>See</i> Instruction 1(b).	sinue. Section 17(a	) of the Public	16(a) of the Securities E Utility Holding Compan Investment Company Ad	y Act of 1935 or Section	on			
(Print or Type R	Responses)							
Walvekar Vijay Syn			er Name <b>and</b> Ticker or Tradi	Issuer	5. Relationship of Reporting Person(s) to Issuer			
			~	(Chec	(Check all applicable)			
C/O HERITAGE INSURANCE HOLDINGS, INC., 2600			of Earliest Transaction /Day/Year) 2014	X Director Officer (give below)	Officer (give title Other (specify			
MCCORMI	CK DRIVE SUIT		andrant Data Original	6 I., 4:; 41 I	-: <i>\(C</i> E:1:	(Cl 1		
			nendment, Date Original onth/Day/Year)	Applicable Line) _X_ Form filed by	_X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	Zip) Ta	ble I - Non-Derivative Secu		f. or Beneficia	llv Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed	3. 4. Securities f TransactionAcquired (A) Code Disposed of (	5. Amount of or Securities D) Beneficially d 5) Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect Beneficial Ownership (Instr. 4)  7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock				95,182	D			
Common Stock				51,000	I	See Footnote		
Common Stock				338,873	I	See Footnote		
Common				255,000	I	See		

Stock

Footnote (3)

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.

SEC 1474 (9-02)

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. Transactio Code (Instr. 8)	5. Number of on Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy) (4)	\$ 16.89	12/02/2014		A	31,282	<u>(5)</u>	12/02/2017	Common Stock	31,282

## **Reporting Owners**

Reporting Owner Name / Address

Pinneters 1007 Owner Officers

Director 10% Owner Officer Other

Walvekar Vijay C/O HERITAGE INSURANCE HOLDINGS, INC. 2600 MCCORMICK DRIVE SUITE 300 CLEARWATER, FL 33759



## **Signatures**

/s/ Bruce Lucas, by Power of Attorney

12/04/2014

\*\*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).
- (1) Shares of common stock reported on this line are held by the Vijay S. Walvekar Recoverable Living Trust.
- (2) Shares of common stock reported on this line are held by Mr. Walvekar's wife.

Reporting Owners 2

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

- (3) Shares of common stock reported on this line are held by the Vijay S. Walvekar Dynasty Trust.
- (4) The stock options reported on this line were granted to Mr. Walvekar, at his election, in lieu of the 2015 annual retainer fees payable for services on Heritage Insurance Holdings' Board of Directors.
- (5) The stock options reported on this line will vest in four equal installments on January 1, 2015, April 1, 2015, July 1, 2015 and October 1, 2015.

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.  $0/31/2017_{\pm}^{**}$ 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) Pursuant to a 10b5-1 Plan.
- Weighted average price. These shares were sold in multiple transactions at prices ranging from \$101.0600 to \$102.0100 inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth above.
- Weighted average price. These shares were sold in multiple transactions at prices ranging from \$102.1200 to \$102.4400 inclusive. The
- (3) reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth above.
- (4) Shares held in The G. Parker Harris III Family Trust under the G. Parker Harris, III Grantor Retained Annuity Trust, dated December 19, 2003.
- (5) Shares held in The G. Parker Harris III & Holly L. Johnson Family Trust.
- (6) Shares held in The Holly L. Johnson Family Trust under the Holly L. Johnson Grantor Retained Annuity Trust, dated December 19, 2003.
- (7) Shares held in The G. Parker Harris III Exempt GST Family Trust.
- (8) Shares held in The Holly L. Johnson Exempt GST Family Trust.
- (9) Option is exercisable and vests over four years at the rate of 25% on November 27, 2013, the first anniversary of the holder's date of grant, with the balance vesting in equal monthly installments over the remaining 36 months.

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.