### Edgar Filing: UNITED INSURANCE HOLDINGS CORP. - Form 4

UNITED INSURANCE HOLDINGS CORP.

Form 4

February 25, 2015

FORM	4									PPROVAL	
	UNITED	STATES		ITIES A hington,			NGE	COMMISSION	OMB Number:	3235-0287	
Check this if no longer	r								Expires:	January 31,	
subject to Section 16. Form 4 or	SIAIEN	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES						NERSHIP OF	Estimated a burden hou response	ırs per	
Form 5 obligations may contin <i>See</i> Instruct 1(b).	Section 17(	a) of the l		lity Holo	ding Co	mpan	y Act o	ge Act of 1934, of 1935 or Section 140	on		
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person * Swenson Andrew			2. Issuer Name <b>and</b> Ticker or Trading Symbol UNITED INSURANCE HOLDINGS					5. Relationship of Reporting Person(s) to Issuer			
		CORP. [UIHC]					(Check all applicable)				
(Last) (First) (Middle)  C/O UNITED INSURANCE HOLDINGS CORP., 360 CENTRAL			3. Date of Earliest Transaction (Month/Day/Year) 02/24/2015					Director 10% Owner _X Officer (give title Other (specify below)  Chief Information Officer			
AVE. SUITE	900										
	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
ST. PETERS	BURG, FL 3370	)1						Form filed by I Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	I - Non-D	) Perivativ	e Secui	ities Ac	equired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)  (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 Indirect Beneficial Ownership (Instr. 4)	
Common	02/24/2015			Code V	3,055	nt (D)		(Instr. 3 and 4)	D		

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

Stock

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)

11,017

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(1)

**OMB APPROVAL** 

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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. Transaction Code (Instr. 8)	5.  onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	of ng s	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5)  (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Swenson Andrew C/O UNITED INSURANCE HOLDINGS CORP. 360 CENTRAL AVE. SUITE 900 ST. PETERSBURG, FL 33701

Chief Information Officer

## **Signatures**

/s/ John Rohloff, Attorney-in-fact for Andrew Swenson

02/25/2015

\*\*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) The shares were acquired pursuant to a grant of restricted stock units under the United Insurance Holdings Corp. 2013 Omnibus Incentive Plan. The award vests in three equal annual installments beginning February 24, 2016.

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.

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