UNITED INSURANCE HOLDINGS CORP.

Form 4 June 15, 2016

## FORM 4

#### **OMB APPROVAL**

| UNITED STATES SECURITIES AND EXCHANGE COMMISSION |
|--|
| Washington, D.C. 20549                           |

**OMB** 3235-0287 Number:

January 31,

Check this box if no longer subject to Section 16. Form 4 or

Expires:

2005 Estimated average burden hours per response... 0.5

President & CEO

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

06/14/2016

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **FORNEY JOHN** Issuer Symbol

> UNITED INSURANCE HOLDINGS (Check all applicable) CORP. [UIHC]

(Last) (First) (Middle) 3. Date of Earliest Transaction X Director 10% Owner X\_ Officer (give title Other (specify (Month/Day/Year) below)

C/O UNITED INSURANCE **HOLDINGS CORP.**, 800 2ND AVENUE S.

> (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

> > Filed(Month/Day/Year) Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

ST. PETERSBURG, FL 33701

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Form: Direct Indirect Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 8) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

Common 06/14/2016 F 6.959 117,823 D Stock

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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

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Owner Follo Repo Trans (Instr

| 1. Title of | 2.          | 3. Transaction Date |                    | 4.         | 5.         | 6. Date Exerc |                 |                   | le and     | 8. Price of |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------|-----------------|-------------------|------------|-------------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transact   | ionNumber  | Expiration D  | ate             | Amou              | unt of     | Derivative  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/   | Year)           | Unde              | rlying     | Security    |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e             |                 | Secur             | rities     | (Instr. 5)  |
|             | Derivative  |                     | • •                | , ,        | Securities |               |                 | (Instr            | . 3 and 4) | ,           |
|             | Security    |                     |                    |            | Acquired   |               |                 |                   |            |             |
|             |             |                     |                    |            | (A) or     |               |                 |                   |            |             |
|             |             |                     |                    |            | Disposed   |               |                 |                   |            |             |
|             |             |                     |                    |            | of (D)     |               |                 |                   |            |             |
|             |             |                     |                    |            | (Instr. 3, |               |                 |                   |            |             |
|             |             |                     |                    |            | 4, and 5)  |               |                 |                   |            |             |
|             |             |                     |                    |            |            |               |                 |                   | Amount     |             |
|             |             |                     |                    |            |            |               |                 |                   |            |             |
|             |             |                     |                    |            |            | Date          | Expiration Date | or<br>Title Numbe |            |             |
|             |             |                     |                    |            |            | Exercisable   |                 |                   |            |             |
|             |             |                     |                    |            |            |               |                 |                   | of         |             |
|             |             |                     |                    | Code V     | (A) (D)    |               |                 |                   | Shares     |             |

# **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |                 |       |  |  |
|---|---------------|-----------|-----------------|-------|--|--|
| Reporting Owner Name / Radiess  | Director      | 10% Owner | Officer         | Other |  |  |
| FORNEY JOHN<br>C/O UNITED INSURANCE HOLDINGS CORP.<br>800 2ND AVENUE S.<br>ST. PETERSBURG, FL 33701 | X             |           | President & CEO |       |  |  |

## **Signatures**

/s/ John F. Rohloff, Attorney-in-Fact for John
Forney 06/15/2016

\*\*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).

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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