

FALCONE PHILIP  
Form 4  
September 13, 2018

# FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
FALCONE PHILIP

(Last) (First) (Middle)

C/O HC2 HOLDINGS, INC., 450  
PARK AVENUE, 30TH FLOOR

(Street)

NEW YORK, NY 10022

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol

HC2 HOLDINGS, INC. [HCHC]

3. Date of Earliest Transaction  
(Month/Day/Year)

09/11/2018

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)

CEO, Chairman and President

6. Individual or Joint/Group Filing(Check Applicable Line)

Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 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) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|---|
|                                 |                                      |  | Code                           | V   | Amount  | (A) or (D)   | Price   |
| Common Stock                    | 07/20/2018                           |  | G                              | V   | 50,000  | D  | \$ 0  |
| Common Stock                    | 09/05/2018                           |  | G                              | V   | 25,000  | D  | \$ 0  |
| Common Stock                    | 09/11/2018                           |  | M                              |   | 150,000   | A  | \$ 4.05   |
| Common Stock                    | 09/11/2018                           |  | M                              |   | 21,795  | A  | \$ 4.02   |
| Common Stock                    | 09/11/2018                           |  | F(1)                           |   | 136,293   | D  | \$ 6.08   |

|              |         |   |                                       |
|--------------|---------|---|---------------------------------------|
| Common Stock | 540,000 | I | Global Opportunities Breakaway MM LLC |
|--------------|---------|---|---------------------------------------|

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. Transaction Code (Instr. 8) | 5. Number of 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 Number Shares                                    |
| Stock option (Right To Buy)                | \$ 4.05  | 09/11/2018                           |  | M                              | 150,000   | <u>(2)</u> 10/28/2024 <sup>(3)</sup>                     | Common Stock 150,000  |
| Stock option (Right To Buy)                | \$ 4.02  | 09/11/2018                           |  | M                              | 21,795  | <u>(2)</u> 10/28/2024 <sup>(3)</sup>                     | Common Stock 21,795   |

## Reporting Owners

| Reporting Owner Name / Address  | Relationships |           |                             |       |
|---|---------------|-----------|-----------------------------|-------|
|   | Director      | 10% Owner | Officer                     | Other |
| FALCONE PHILIP<br>C/O HC2 HOLDINGS, INC.<br>450 PARK AVENUE, 30TH FLOOR<br>NEW YORK, NY 10022 | X             | X         | CEO, Chairman and President |       |

## Signatures

/s/ Joseph A. Ferraro,  
Attorney-in-Fact

09/13/2018

\_\_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 net settled by Issuer to satisfy the exercise price of options and taxes payable in connection with the exercise of previously awarded options.
- (2) The Option vested and became exercisable in three equal annual installments beginning on October 28, 2014.
- (3) The Expiration Date of this Option is being amended on this Form 4 to correct an error in the Original Form 4 filed on October 30, 2014.

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.