Edgar Filing: ASSURANT INC - Form 4

ASSURANT	T INC											
Form 4												
March 12, 20)14											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287			
Check thi if no long				TOTA	1.01		Expires:	January 31, 2005				
subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSE			NERSHIP OF	Estimated a				
Section 1 Form 4 or		SECURITIES							burden hours per			
Form 5	Filed p	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5		
obligation may cont	ns Section 1							of 1935 or Section	1			
See Instru		30(h)	of the In	vestment	Compar	ny Ac	et of 19	940				
1(b).												
(Print or Type F	Responses)											
1. Name and Address of Reporting Person <u>*</u> PENINGER MICHAEL J			2. Issuer Name and Ticker or Trading Symbol ASSURANT INC [AIZ]				ng	5. Relationship of Reporting Person(s) to Issuer				
		(Check all applicable)										
(Last)	(First)	(Middle)	3. Date of	f Earliest Tı	ransaction			(Chech	k an applicable)		
			(Month/E	(Month/Day/Year)				Director 10% Owner				
			03/10/2014					X_ Officer (give title Other (specify below) below)				
MANHATT FLOOR	CAN PLAZA, 4	151						I	EVP, CFO			
FLOOK												
				nendment, Date Original			6. Individual or Joint/Group Filing(Check Applicable Line)					
Filed(Month/Day/Ye				iui/Day/1eai					One Reporting Person			
NEW YORI	K, NY 10005							Form filed by M Person	lore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	rities Ac	quired, Disposed of	, or Beneficial	y Owned		
1.Title of	2. Transaction D	ned 3. 4. Securities Acquired				cquired	5. Amount of	6. 7.	7. Nature of			
Security	(Month/Day/Yea	on Date, if Transaction(A) or Disposed of			Securities	- · · · · · · · · · · · · · · · · · · ·	Indirect					
(Instr. 3)	any (Month/I	Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)			5)	Beneficially Owned Following	Form: Direct (D) or	Ownership			
((A)			- /	Reported	Indirect (I)	(Instr. 4)				
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
				Code V	Amount	(D)	Price	(Instr. 5 and 4)				
Common Stock	03/10/2014			F	2,925	D	\$ 68.7	176,250.4452 (1)	D			
	03/10/2014			F	2,925	D			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)

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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. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) tive ties ed ed 3,		7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
PENINGER MICHAEL J ASSURANT, INC.					
ONE CHASE MANHATTAN PLAZA, 41ST FLOOR NEW YORK, NY 10005			EVP, CFO		
Signatures					
Lisa Richter 03/12/2014					

03/12/2014 Attorney-in-Fact

**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) Includes restricted stock units.

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.