**DOWNES SEAN P** Form 4

September 06, 2012

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

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

2. Issuer Name and Ticker or Trading

(Print or Type Responses)

1. Name and Address of Reporting Person \*

DOWNES SEAN P

(Last) (First) (Middle)

1110 WEST COMMERCIAL **BOULEVARD** 

FORT LAUDERDALE, FL 33309

(City)

1. Title of

Security

(Instr. 3)

(State)

(Street)

(Zip)

UNIVERSAL INSURANCE HOLDINGS, INC. [UVE]

3. Date of Earliest Transaction

(Month/Day/Year) 09/04/2012

Symbol

4. If Amendment, Date Original

Filed(Month/Day/Year)

4. Securities 2. Transaction Date 2A. Deemed 3. (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Code Disposed of (D) (Month/Day/Year)

(Instr. 3, 4 and 5) (Instr. 8)

(A) or Code V Amount (D) Price

**OMB APPROVAL** 

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

response... 0.5

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

\_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify

SVP and CO Officer

6. Individual or Joint/Group Filing(Check

Applicable Line)

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

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

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Indirect Beneficial Ownership Owned (I) (Instr. 4) Following (Instr. 4)

Reported Transaction(s) (Instr. 3 and 4)

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)

3. Transaction Date 3A. Deemed 1. Title of Derivative (Month/Day/Year) Execution Date, if TransactionDerivative Conversion

5. Number of

6. Date Exercisable and **Expiration Date** 

7. Title and Amount of **Underlying Securities** 

### Edgar Filing: DOWNES SEAN P - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code Securities (Instr. 8) Acquired (A Disposed of (Instr. 3, 4, a 5)		f (D)	(D)		(Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Option to Purchase Common	\$ 3.51	09/04/2012		A	500,000 (1)		(2)	09/04/2019	Common Stock	500,000

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

DOWNES SEAN P

1110 WEST COMMERCIAL BOULEVARD X SVP and CO Officer
FORT LAUDERDALE, FL 33309

## **Signatures**

/s/ Sean P.

Stock

Downes 09/06/2012

\*\*Signature of Person

Date

Reporting Person

# **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) Option was granted in connection with an Amendment to Employment Agreement by and between the Issuer and Mr. Downes, dated August 23, 2012.
- (2) This option will vest as follows: (a) one half on September 4, 2013 and (b) one-half on September 4, 2014. Vesting is subject to continued employment through the applicable vesting date.

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.

Reporting Owners 2