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ASSURANT Form 4	T INC										
April 15, 201	13										
FORM	14								OMB AF	PROVAL	
	UNIII	ED STATES		RITIES A shington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check the if no long	ter						Expires: Januar				
subject to Section 1 Form 4 o	6. r			SECUR	ITIES	NERSHIP OF	Estimated average burden hours per response (
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section	17(a) of the		tility Hold	ling Com	pany	Act of	e Act of 1934, f 1935 or Section 40	1		
(Print or Type I	Responses)										
1. Name and A POLLOCK	Symbol	r Name and ANT INC		Fradin	g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction			(Chec)	к ан аррисабіе)	
ASSURANT, INC., ONE CHASE MANHATTAN PLAZA, 41ST FLOOR			(Month/Day/Year) 04/11/2013					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) President, CEO, Director			
				ndment, Da nth/Day/Year	-			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
NEW YOR	K, NY 10005							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	Perivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, i any (Month/Day/Year)		on Date, if	Code (Instr. 3, 4 and 5)			of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	04/11/2013			А	44,937 (1)	A	\$0	388,306.179	D		
Common Stock	04/11/2013			F	25,084 (2)	D	\$ 47.5	363,222.179 (<u>3)</u>	D		
Common Stock								13,448.81	I	By 401 (k) Plan	

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 (9-02) required to respond unless the form

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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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
POLLOCK ROBERT B ASSURANT, INC. ONE CHASE MANHATTAN PLAZA, 41ST FLOOR NEW YORK, NY 10005		Х		President, CEO, Director				
Signatures								
Lisa Richter 04/15 Attorney-in-Fact	5/2013							
**Signature of Reporting Person Da	te							
Explanation of Respon	ses:							

- * 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) Represents the number of shares issued upon vesting of performance share units ("PSUs") based on the relative performance achieved during the 2010-2012 performance cycle.
- (2) Represents shares withheld to satisfy withholding obligations upon the April 11, 2013 PSU vesting.
- (3) 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.