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UNITED INSURANCE HOLDINGS CORP.

Form 4

Common

March 15, 2017

| _ | viaitii 15, 2 | 2017 | | | | | | | | | | | |
|--|---|--------------------------------------|-----------------|--|-----------------------|-------------------------|-----------|-------------|--|------------------|------------------------|--|--|
| FORM 4 UNITED STATES | | | | | | | | | | OMB APPROVAL | | | |
| | | UNITED | STATES S | | RITIES A ashington | | | | OMMISSION | OMB Number: | 3235-0287 | | |
| | Check t | ngar | | | | | | | | Expires: | January 31, | | |
| | if no longer subject to STATEMEN | | | CHA | | | | AL OW | NERSHIP OF | Estimated | 2005 Laverage | | |
| | Section | | SECURITIES | | | | | | | burden hours per | | | |
| | Form 4 Form 5 | | remant to Se | action | 16(a) of th | a Sacur | itioc | Evchange | Act of 103/ | response. | 0.5 | | |
| | obligati | ons Section 17 | | ection 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section | | | | | | | | | |
| may continue. See Instruction See Instruction See Instruction 30(h) of the Investment Company Act of | | | | | | | | • | | - | | | |
| | 1(b). | | | | | _ | | | | | | | |
| (| Print or Type | Responses) | | | | | | | | | | | |
| | | ne and Address of Reporting Person * | | | er Name an o | d Ticker (| or Tra | ding | 5. Relationship of Reporting Person(s) to | | | | |
| | POITEVINT ALEC II | | | Symbol UNITED INSURANCE HOLDINGS CORP. [UIHC] | | | | | Issuer | | | | |
| | | | | | | | | | (Check all applicable) | | | | |
| | (Last) | (First) | (Middle) | 3. Date | of Earliest T | ransactio | n | | _X_ Director | | % Owner | | |
| | | A LA VITTE DA LA VICE | | | /Day/Year) | | | | Officer (give title Other (specify below) | | | | |
| C/O UNITED INSURANCE HOLDINGS CORP., 800 2ND | | | | 03/14/2017 | | | | | | | | | |
| | AVENUE | | ND | | | | | | | | | | |
| | II V EI V C E | (Street) | 2 | 4 If Δm | nendment D | ate Origin | nal | | 6 Individual or Io | aint/Group Fil | ling(Check | | |
| (Giree) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | | |
| | | | | | • | | | | _X_ Form filed by C | | | | |
| | ST. PETEI | RSBURG, FL 337 | 701 | | | | | | Form filed by M Person | iore man One | Keporung | | |
| | (City) | (State) | (Zip) | Tal | ble I - Non-l | Derivativ | e Seci | urities Acq | uired, Disposed of | , or Benefici | ally Owned | | |
| | 1.Title of | 2. Transaction Date | | | | | | cquired (A) | | 6. | 7. Nature of | | |
| | Security (Instr. 3) | (Month/Day/Year) | Execution D any | ate, if | Transaction Code | or Dispos (Instr. 3, | | | Securities Beneficially | Ownership Form: | Indirect Beneficial | | |
| | (====================================== | | (Month/Day | /Year) | (Instr. 8) | (| | -, | Owned | Direct (D) | Ownership | | |
| | | | | | | | | | Following Reported | or Indirect (I) | (Instr. 4) | | |
| | | | | | | | (A) | | Transaction(s) | (Instr. 4) | | | |
| | | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | | |
| | Common | 03/14/2017 | | | P | 5,167 | ٨ | \$ | 484,466 | I | See | | |
| | Stock | 03/14/2017 | 1 / | | Г | 3,107 | A | 16.0469 | 707,700 | 1 | Footnote (1) | | |
| | | | | | | | | | | | Beneficial | | |
| | Common | | | | | | | | 18,300 | I | Ownership, | | |
| | Stock | | | | | | | | 10,200 | • | Purchased | | |
| | | | | | | | | | | | by Spouse | | |
| | Common | | | | | | | | 15,000 | D | | | |
| | Stock | | | | | | | | 15,000 | _ | | | |

See

458,457

I

Footnote (2) 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 required to respond unless the form displays a currently valid OMB control number.

(9-02)

9. Nu Deriv

Secu Bene Own Follo Repo Trans (Insti

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. ctionNumber of securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration D (Month/Day, we is i | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) |
|---|---|--------------------------------------|--|---|--|-------------------------------------|-------|---|---|
| | | | Code | V (A) (D | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |

Reporting Owners

Relationships

Reporting Owner Name / Address

10% Director Officer Other Owner

POITEVINT ALEC II C/O UNITED INSURANCE HOLDINGS CORP. 800 2ND AVENUE S ST. PETERSBURG, FL 33701



Signatures

/s/ Jessica Strathman, Attorney-in-Fact for Alec Poitevint II

03/15/2017

**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).
- Shares held by Reporting Person inderectly through Mineral Associates, Inc. Reporting Person has voting and investment power over **(1)** these securities.
- Shares held by Reporting Person indirectly through SEM Minerals, LP, a limited partnership whose General Partner is SEM Minerals, Inc., of which Reporting Person is the Chairman and President.

Reporting Owners 2

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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.