Edgar Filing: UNITED INSURANCE HOLDINGS CORP. - Form 4

UNITED INSURANCE HOLDINGS CORP.

Form 4

Stock

Stock

Common

11/05/2013

November 05, 2013

140 veilibel 03	, 2013											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB APPROVAL				
								OMB Number:	3235-0287			
Check this box								Expires:	January 31,			
if no long subject to Section 16	ANGES IN SECUR		CIA	L OW	NERSHIP OF	Estimated a burden hou						
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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								0.5				
(Print or Type R	esponses)											
HUDSON SHERRILL W Symbol			bol	uer Name and Ticker or Trading l ED INSURANCE HOLDINGS				5. Relationship of Reporting Person(s) to Issuer				
			RP. [UIHC]	1111021	CLL	711 (05	(Check all applicable)					
(Last) (First) (Middle) 3. Date of (Month/Da				ansaction			X Director 10% Owner Officer (give title Other (specify below)					
	D INSURANCE CORP., 360 CEI SUITE 900		05/2013				Sciow)	below)				
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check					
	(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting							
ST. PETERS	SBURG, FL 3370	1					Person	iore than One Re	porting			
(City)	(State)	Zip)	Table I - Non-D	erivative (Securi	ities Ac	quired, Disposed of	, or Beneficial	ly Owned			
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date			Code (D)				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
			Code V	(A) or Amount (D)		Price	Reported Transaction(s) (Instr. 3 and 4)					
Common Stock	11/05/2013		P	7,400	A	\$ 9.47	17,400	D				
Common Stock	11/05/2013		P	900	A	\$ 9.38	18,300	D				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

P

Persons who respond to the collection of information contained in this form are not (9-02)

D

20,000

9.38

1,700 A

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	Number Expiration Date		ate	Amount	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securiti	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	o Title N	Number		
						Exercisable	Date	Title N			
				C-J- V	(A) (D)						
				Coue v	(A) (D)			2	Shares		

Reporting Owners

Relationships

Reporting Owner Name / Address

Director 10% Owner Officer Other

HUDSON SHERRILL W C/O UNITED INSURANCE HOLDINGS CORP. 360 CENTRAL AVENUE, SUITE 900 ST. PETERSBURG, FL 33701



Signatures

/s/ John Rohloff, Attorney-in-Fact for Sherrill Hudson

11/05/2013

**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).

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.

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