Edgar Filing: UNITED INSURANCE HOLDINGS CORP. - Form 4

UNITED INSURANCE HOLDINGS CORP.

Form 4

November 22, 2013

| FORM | , 2 013 | | | | | | | | MB APPROVAL | | | |
|---|-------------------------------|---|--|--|---------|----------------|---|--|--|--|--|--|
| 1 OTTIVI | T UNITED S | TATES SECUE Was | RITIES A. shington, | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | | | |
| Check this if no longe | ar | | Expires: | January 31, 2005 | | | | | | | | |
| subject to Section 16 Form 4 or | STATEM 5. | STATEMENT OF CHANGES IN BENEFICIAL OWNE SECURITIES | | | | | | Estimated burden hou response | ed average hours per | | | |
| Form 5 obligation may continue See Instruction 1(b). | Section 17(a) |) of the Public U | tility Hold | e Securities Exchange Act of 1934, ding Company Act of 1935 or Section Company Act of 1940 | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| 1. Name and Ad Menon Deep | ddress of Reporting Poak | Symbol UNITE | 2. Issuer Name and Ticker or Trading Symbol UNITED INSURANCE HOLDINGS CORP. [UIHC] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) | (First) (M | | [UIHC] f Earliest Tra | ansaction | | | Director 10% Owner | | | | | |
| C/O UNITE | D INSURANCE CORP., 360 CEN | (Month/E 11/21/2 | Day/Year) | | | | _X Officer (give title Other (specify below) VP Operations and Business Dev | | | | | |
| (Street) 4. If Amend Filed(Month ST. PETERSBURG, FL 33701 | | | | _ | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | | 7:) | o I Non D | o ni votivo (| Saarrei | tion A o | Person | f an Danafiaia | lly Owned | | | |
| 1.Title of | 2. Transaction Date | Tabi | | | | | cquired, Disposed of, or Beneficially Ow5. Amount of6. Ownership 7. Na | | | | | |
| Security (Instr. 3) | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 8) | onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or | |)) 5) | Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial Ownership (Instr. 4) | | | |
| Common | 11/21/2013 | | Code V | Amount 1,700 | (D) | Price \$ 10 | 31,810 | D | | | | |
| Stock | 11/21/2013 | | 1 | 1,700 | А | Φ10 | 31,010 | D | | | | |
| Reminder: Repo | ort on a separate line f | or each class of secu | rities benefi | Persor | ıs wh | o resp | ond to the collec | | SEC 1474 | | | |
| | | | | inform | ation | conta | ined in this form | are not | (9-02) | | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

number.

required to respond unless the form displays a currently valid OMB control

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| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. | 5. orNumber | 6. Date Exerc Expiration Da | | 7. Title Amou | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|--|--------------------------------------|---|-----------------|---|--------------------------------|--------------------|------------------|--|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Monun Day/ Year) | execution Date, if any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/Year) | | Under Securi | lying | Security (Instr. 5) | Secur Bene Owne 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

Menon Deepak C/O UNITED INSURANCE HOLDINGS CORP. 360 CENTRAL AVE. SUITE 900 ST. PETERSBURG, FL 33701

VP Operations and Business Dev

Signatures

/s/ John Rohloff, Attorney-in-fact for Deepak Menon

11/22/2013

**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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