## Edgar Filing: HCC INSURANCE HOLDINGS INC/DE/ - Form 4

HCC INSURANCE HOLDINGS INC Form 4 April 17, 2014	/DE/				
FORM 4 UNITED STATES			-	PPROVAL	
UNITED STATES	SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549		OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or	F CHANGES IN BENEFICIAL OW SECURITIES	Expires: January 3 200 Estimated average burden hours per response 0			
Form 5 obligations may continue Filed pursuant to Section 17(a) of the	Section 16(a) of the Securities Exchan Public Utility Holding Company Act of of the Investment Company Act of 19	of 1935 or Section		0.5	
(Print or Type Responses)					
1. Name and Address of Reporting Person <u>*</u> STONE HEISZ LESLIE	2. Issuer Name and Ticker or Trading Symbol HCC INSURANCE HOLDINGS INC/DE/ [HCC]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O HCC INSURANCE HOLDINGS, INC., 13403 NORTHWEST FREEWAY	3. Date of Earliest Transaction (Month/Day/Year) 04/15/2014	X Director Officer (give below)		6 Owner er (specify	
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
HOUSTON, TX 77040		Person		eporting	
(City) (State) (Zip)	Table I - Non-Derivative Securities Ac	equired, Disposed of	, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/D	Date, if TransactionAcquired (A) or Code Disposed of (D) ay/Year) (Instr. 8) (Instr. 3, 4 and 5) (A)	Securities F Beneficially (1 Owned (1	form: Direct D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report on a separate line for each c		r indirectly.			

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. Number orof Derivativ		rcisable and Date	7. Title and A Underlying S		8. P Der
Security	or Exercise		any	Code	Securities	(Month/Day	/Year)	(Instr. 3 and	4)	Sec
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired					(Ins
	Derivative				(A) or					
	Security				Disposed of	f				
					(D)					
					(Instr. 3, 4, and 5)					
				Code V	(A) (I	D) Date	Expiration	Title	Amount or	
						Exercisable	Date		Number of Shares	
Deferred Stock (1)	<u>(2)</u>					(3)	(3)	Common Stock	8,702.22	
Deferred Stock (1)	(2)	04/15/2014		А	43.32 (4)	(3)	(3)	Common Stock	43.32	\$4

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
STONE HEISZ LESLIE C/O HCC INSURANCE HOLDINGS, INC. 13403 NORTHWEST FREEWAY HOUSTON, TX 77040	Х				
Signatures Alexander M Ludlow as Attorney in Fact for Heisz	Leslie Sto	one	04/17	7/2014	

<u>\*\*</u>Signature of 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) Represents stock compensation deferred pursuant to the HCC Insurance Holdings, Inc. Nonqualified Deferred Compensation Plan for Non-Employee Directors (the "Plan").
- (2) Each share of deferred stock represents the right to receive one share of HCC common stock.
- (3) The deferred stock will be payable to the reporting person in shares of HCC common stock upon occurrence of certain payment events, including reporting person's termination of service as a director or a change in control of HCC Insurance Holdings, Inc.
- (4) Represents dividend equivalents on compensation deferred under the Plan.
- (5) Represents the closing price of HCC's common stock on Tuesday, April 15, 2014.

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.

Date