**ASSURANT INC** Form 4 March 13, 2012

## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** OMB

Number: Expires:

3235-0287 January 31, 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

1(b).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person \* Schwartz Bart

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

ASSURANT INC [AIZ]

(Check all applicable)

C/O ASSURANT, INC., ONE

3. Date of Earliest Transaction (Month/Day/Year)

Director 10% Owner \_X\_\_ Officer (give title \_\_X\_\_ Other (specify

03/10/2012

(Middle)

(Zin)

below) below)

EVP, Chief Legal Officer / Secretary

CHASE MANHATTAN PLAZA, 41 FL.

(Street)

(State)

(First)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Filed(Month/Day/Year)

Person

NEW YORK, NY 10005

(City)	(State)	Table Table	e I - Non-D	erivative	Secur	rities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3.	4. Securi		•	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
(Instr. 3)	(Month/Day/Tear)	any			Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			(D) or	Beneficial
		(Month/Day/Year)	nth/Day/Year) (Instr. 8)				Owned	Indirect (I)	Ownership
						Following Reported	(Instr. 4)	(Instr. 4)	
				(A) or			Transaction(s)		
			Code V	Amount		Price	(Instr. 3 and 4)		
Common Stock	03/10/2012		F	1,602	D	\$ 41.63	60,054	D	
Common Stock	03/11/2012		F	1,821	D	\$ 41.63	58,233	D	
Common Stock	03/12/2012		F	3,105	D	\$ 41.73	55,128 <u>(1)</u>	D	

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

(9-02)

#### Edgar Filing: ASSURANT INC - Form 4

# displays a currently valid OMB control number.

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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

1. Tit	le of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	1
Derivative Convers		Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	ınt of	Derivative	į
Secur	ity	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	
(Instr	. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Ī
	Derivative					Securities			(Instr. 3 and 4)		•	
Security		Security				Acquired						ļ
					(A) or						]	
						Disposed						1
						of (D)						
						(Instr. 3,						
						4, and 5)						
										Amount		
										or		
						Date Exercisable	Expiration Date	Title 1	Number			
									of			
					Code V	(A) (D)				Shares		
					Code v	(A) (D)				Shares		

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

EVP, Chief Legal Officer Secretary

Schwartz Bart C/O ASSURANT, INC.

ONE CHASE MANHATTAN PLAZA, 41 FL.

NEW YORK, NY 10005

## **Signatures**

Lisa Richter Attorney in Fact

03/13/2012

\*\*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).
- (1) 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.

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