## Edgar Filing: UNIVERSAL INSURANCE HOLDINGS, INC. - Form 4

UNIVERSAL INSURANCE HC Form 4 May 14, 2015	DLDINGS, INC.							
FORM 4UNITED STCheck this box if no longer subject to Section 16. Form 4 or Form 5STATEMENForm 5Filed pursua	NT OF CHANGE	ngton, D.C. ES IN BENE ECURITIES a) of the Secu ty Holding C	20549 FICIAL O S rities Excha ompany Act	WNERSHIP OF nge Act of 1934, of 1935 or Section	OMB Number: Expires: Estimated a burden hou response			
(Print or Type Responses)								
1. Name and Address of Reporting Pers PALMIERI RALPH J.	Symbol UNIVERS	ame <b>and</b> Ticker SAL INSURA GS, INC. [UV	NCE	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Mide 1110 WEST COMMERCIAL BOULEVARD, SUITE 100	X Director Officer (give below)	e title 10% Owner Other (specify below)						
(Street) FORT LAUDERDALE, FL 333	Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>			
(City) (State) (Zip		Non Dorivoti	vo Socuritios A		f or Bonoficial	ly Ownod		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2a	A. Deemed 3. Execution Date, if Th ny C Month/Day/Year) (I	. 4. Sec Transaction(A) o Code (D)	eurities Acquire Disposed of 3, 4 and 5) (A) or	Acquired, Disposed of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of		
Common 05/13/2015 Stock		P 1,00	\$	2 500	D			

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

Persons who respond to the collection of information contained in this form are not 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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

 Reporting Owner Name / Address
 Relationships

 Director
 10% Owner
 Officer
 Other

 PALMIERI RALPH J.
 1110 WEST COMMERCIAL BOULEVARD
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<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).

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.