#### Edgar Filing: Springer Jon - Form 4

Springer Jon Form 4							
July 12, 2018					OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						3235-0287	
if no longer subject to Section 16. Form 4 or Form 5 File	ed pursuant to Sectio	ANGES IN BENEFIC SECURITIES n 16(a) of the Securitie	es Exchange	Act of 1934,	Expires: Estimated a burden hour response		
<i>See</i> Instruction 1(b).		Utility Holding Comp Investment Company	•		L		
(Print or Type Responses)							
1. Name and Address of Rep Springer Jon	Symb UNI	suer Name <b>and</b> Ticker or T ol VERSAL INSURANC DINGS, INC. [UVE]	]	5. Relationship of I Issuer (Check	Reporting Pers		
(Last) (First) 1110 WEST COMMEN BOULEVARD, SUITE	(Mont RCIAL 07/10	e of Earliest Transaction h/Day/Year) )/2018	-	Director Officer (give ti below) Presic		Owner r (specify	
(Street)	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
FORT LAUDERDALE	E, FL 33309		j	Form filed by Mo Person	ore than One Rej	porting	
(City) (State)	(Zip) T	able I - Non-Derivative S	ecurities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of 2. Transactio Security (Month/Day/ (Instr. 3)	n Date 2A. Deemed Year) Execution Date, i any (Month/Day/Yea	f Transactionor Disposed Code (Instr. 3, 4 a r) (Instr. 8)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common 07/10/2018 Stock	3	Code V Amount ( $S_{(1)}^{(1)}$ 7,000 E	D) Price \$ 35.5171 (2)	(Instr. 3 and 4) 489,725	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Springer Jon							
1110 WEST COMMERCIAL BOULEVARD			President				
SUITE 100			and CRO				
FORT LAUDERDALE, FL 33309							

### Signatures

/s/ Jon Springer 07/11/2018

<u>\*\*</u>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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 29, 2018.

The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$35.20

to \$36.10, inclusive. The reporting person undertakes to provide to Universal Insurance Holdings, Inc., any security holder of Universal Insurance Holdings, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in footnote (2).

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.