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	ASSURANT INC Form 4 March 16, 2015 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). ASSURANT INC FORM 40 Form 5 obligations may continue.								OMB Number: Expires: Estimated a burden hou response			
	(Print or Type I	Responses)										
Lemasters S Craig Symbol					suer Name and Ticker or Trading ol URANT INC [AIZ]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				3. Date of Earliest Transaction					Owner er (specify			
				nendment, Date Original Ionth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 				
	(City)	(State)	(Zip)	Tabl	le I - Non-l	Derivative	e Secu	rities Acc	uired, Disposed of,	or Beneficial	ly Owned	
	1.Title of Security (Instr. 3)	irity (Month/Day/Year) Execution Date, if		Date, if	Code (Instr. 3, 4 and 5)			d of (D) 5)	5. Amount 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 Indirect Beneficial Ownership (Instr. 4)	
	Common Stock	03/12/2015			А	5,319 (1)	А	\$0	124,842.2213	D		
	Common Stock	03/13/2015			F	782	D	\$ 61.22	124,060.2213	D		
	Common Stock	03/14/2015			F	1,971	D	\$ 61.22	122,089.2213 (2)	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 (9-02) required to respond unless the form displays a currently valid OMB control number.

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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)	3A. Deemed Execution Date, if any (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 Unde 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		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Lemasters S Craig ASSURANT, INC. 28 LIBERTY STREET, 41 FL. NEW YORK, NY 10005			Exec. VP	Pres.,CEO Assurant Solutions			
Signatures							
Liss Richter Attorney							

Lisa Richter Attorney 03/16/2015 in Fact Date

**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) These shares are represented by restricted stock units.
- (2) 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.