Edgar Filing: Bozeman Judy C. - Form 4

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Form 4 May 24, 2012								
	Λ					OMB A	OMB APPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					NOMB Number:	3235-0287		
Section 16. Form 4 or	MENT OF CH	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					January 31, 2005 average urs per . 0.5	
abligations	(a) of the Public		ing Compa	ny Act	nge Act of 1934, of 1935 or Sectio 940	on		
(Print or Type Responses)								
1. Name and Address of Reporting Bozeman Judy C.	Dol Issuer C INSURANCE HOLDINGS			of Reporting Person(s) to eck all applicable)				
(Last) (First) (1 C/O HCC INSURANCE HOLDINGS, INC., 13403 NORTHWEST FREEWAY	Middle) 3. Da (Mon	INC/DE/ [HCC] 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2012			Officer (give titleOther (specify below) below)			
(Street) HOUSTON, TX 77040		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 Form filed by More than One Reporting 			
					Person			
(City) (State)	(Zip)	able I - Non-De	erivative Sec	urities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)		cution Date, if TransactionA Code D		or D) 15)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report on a separate line	a for each class of	Code V A) Price				

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)

Reporting Owners

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exer	cisable and	7. Title and A	Amount of	8. F
Derivative	Conversion	(Month/Day/Year)	· · · · · · · · · · · · · · · · · · ·	Transaction of Derivative		1	1		Underlying Securities	
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					
	j			(D)						
					(Instr. 3, 4,					
					and 5)					
				Code V	(A) (E) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock	<u>(1)</u>					(2)	(2)	Common Stock	7,351.67	
Deferred Stock	(1)	05/23/2012		А	2,540 (<u>3)</u>	(2)	(2)	Common Stock	2,540	\$

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Bozeman Judy C. C/O HCC INSURANCE HOLDINGS, INC. 13403 NORTHWEST FREEWAY HOUSTON, TX 77040	Х					
Signatures						
Alexander M Ludlow Attorney in Fact for Jud Bozeman	05/24/2012					
** 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) Each share of deferred stock represents the right to receive one share of HCC common stock.
- (2) 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.

As part of the annual director compensation package, each non-employee director received a grant of a whole number of shares of HCC common stock determined by dividing \$80,000 by the closing price on May 23, 2012, the date of the Annual Meeting of Stockholders.

(3) Common stock determined by dividing \$80,000 by the closing pirce on May 25, 2012, the date of the Amida Meeting of Stockholders.
 (3) The reporting person has elected to defer receipt of such shares pursuant to the HCC Insurance Holdings, Inc. Nonqualified Deferred Compensation Plan for Non-Employee Directors.

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.