Edgar Filing: HUDSON SHERRILL W - Form 4

HUDSON SI	HERRILL W											
Form 4												
May 10, 201	8											
FORM									OMB A	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287				
Check thi				8 /					Expires:	January 31,		
if no long		EMENT O	F CHAN	GES IN I	200;							
subject to Section 1)			SECURITIES					Estimated average burden hours per			
Form 4 or									response	rs per 0.5		
Form 5	Filed	pursuant to	Section 16	$\delta(a)$ of the	e Securit	ies E	xchang	e Act of 1934,	10000100	0.0		
obligation	ns Section	-					-	1935 or Section	ı			
may cont <i>See</i> Instru	inue.		of the Inv	•	•							
1(b).	iction				1	-						
. ,												
(Print or Type F	Responses)											
1. Name and Address of Reporting Person _			2. Issuer Name and Ticker or Trading				ng	5. Relationship of Reporting Person(s) to				
HUDSON S	Symbol	Symbol					Issuer					
	UNITEI	UNITED INSURANCE HOLDINGS				(Check all applicable)						
			CORP. [UIHC]					(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			_X_ Director		Owner		
			(Month/Day/Year)					Officer (give title Other (specify below) below)				
	D INSURAN		05/08/20)18				below)	below)			
	5 CORP., 800	2ND										
AVENUE S												
	(Street)		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Mon	Filed(Month/Day/Year)					Applicable Line)			
								X Form filed by C Form filed by M				
ST. PETERS	SBURG, FL 3	33701						Person	lore than One Re	porting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction	Date 2A. Deer	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Y	ear) Executio						Securities	Form: Direct			
(Instr. 3)		any (Month/	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					Beneficially (D) or Owned Indirect		Beneficial		
		(INIOIIUI)	Day/Year)	(Instr. 8)				Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
								Reported	(Instr. 1)	(mout i)		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	05/00/2010						\$	120 402	D			
Stock	05/08/2018			А	5,000	Α	19.72	138,403	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. Transacti Code (Instr. 8)	Securities Acquired (A) or	onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		7. Title and Amount of Underlying Securities (Instr. 3 and 4	8. Price of Derivative Security (Instr. 5)	
Peno	rting ()	wnore		Code V	(A) (D)	Date Exercisable	Expiration Date	Amoun or Title Numbe of Shares	er	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HUDSON SHERRILL W C/O UNITED INSURANCE HOLDINGS CORP. 800 2ND AVENUE S ST. PETERSBURG, FL 33701	X					
Signatures						
/s/ Jessica Strathman, Attorney-in-Fact for Sherrill Hudson		05/10	/2018			
**Signature of Reporting Person		Dat	te			

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.