## Edgar Filing: UNITED INSURANCE HOLDINGS CORP. - Form 4

UNITED INSURANCE HOLDINGS CORP. Form 4

September (	03, 2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
	Washington, D.C. 20549							OMB Number:	3235-0287			
Check th if no lon subject t	ger STATEN	is box ger STATEMENT OF CHANCES IN DENEFICIAL OWNEDSHID OF								January 31, 2005		
Subject t Section Form 4 of	16.		SECURITIES						Estimated average burden hours per response			
may con	Form 5 obligations may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> DAVIS KERN MICHAEL								5. Relationship of Reporting Person(s) to Issuer				
		UNITED INSURANCE HOLDINGS CORP. [UIHC]					(Check all applicable)					
(Last)	(Month/Dav/Year)					_X_ Director10% Owner Officer (give titleOther (specify)						
360 CENTI 900	RAL AVENUE, S		09/01/2					below)	below)			
	(Street)	(Street) 4. If Amendm Filed(Month/D				n/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
ST. PETER	SBURG, FL 337	/01						Form filed by M Person				
(City)	(State)	(Zip)	Tab	le I - Non-	Derivativo	e Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	e 2A. Deeme Execution any (Month/Da	on Date, if Transaction Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) (A)			(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	SecuritiesOwnershipBeneficiallyForm:OwnedDirect (D)Followingor IndirectReported(I)Transaction(s)(Instr. 4)					
C				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	09/01/2015			Р	1,900	А	\$ 12.7437	246,938	D			
Common Stock	09/02/2015			Р	1,600	А	\$ 12.36	248,538	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.

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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)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Tran (Inst
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address							
	Director	10% Owner	Officer	Other			
DAVIS KERN MICHAEL 360 CENTRAL AVENUE, SUITE 900 ST. PETERSBURG, FL 33701	Х						
Signatures							
/s/ John F. Rohloff, Attorney-in-Fact for Davis	09/03/2015						
**Signature of Reporting Person			Date				
Explanation of Responses:							

## 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.