Southwell Gavin Form 4 February 05, 2019

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to **SECURITIES** Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1(b).

(Last)

1. Name and Address of Reporting Person \* Southwell Gavin

(First)

2. Issuer Name and Ticker or Trading Symbol

Health Insurance Innovations, Inc.

[HIIQ]

5. Relationship of Reporting Person(s) to

OMB

Number:

Expires:

response...

Estimated average

burden hours per

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

Issuer

(Check all applicable)

10% Owner

Other (specify

(Middle) 3. Date of Earliest Transaction \_X\_\_ Director X\_ Officer (give title (Month/Day/Year) below) 02/01/2019 President and CEO

C/O HEALTH INSURANCE INNOVATIONS, INC., 15438 NORTH FLORIDA AVE., SUITE 201

(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 Form filed by More than One Reporting

**TAMPA**, FL 33613

| (City)                               | (State)                              | (Zip) Tab   | le I - Non-                            | Derivative                                | Secur   | rities Acquir        | red, Disposed of,  | or Beneficiall   | y Owned   |
|--------------------------------------|--------------------------------------|---|--|---|---------|----------------------|--|--|---|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transactic<br>Code<br>(Instr. 8) | 4. Securit<br>oper Dispos<br>(Instr. 3, 4 | ed of ( |                      | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Class A<br>Common<br>Stock           | 02/01/2019                           |   | S                                      | 6,150                                     | D       | \$ 40.0184 (1)       | 609,723  | D  |   |
| Class A<br>Common<br>Stock           | 02/04/2019                           |   | S                                      | 65,899                                    | D       | \$<br>40.3093<br>(2) | 543,824  | D  |   |
| Class A<br>Common<br>Stock           | 04/05/2019                           |   | S                                      | 7,647                                     | D       | \$<br>40.0274<br>(3) | 536,177  | D  |   |

### Edgar Filing: Southwell Gavin - Form 4

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.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4. 5. TransactionNumber Code of (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |         | Expir<br>(Mor<br>e | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) |                                  |
|---|---|---|---|---|---------|--------------------|--|--------------------|---|----------------------------------|
|   |   |   |   | Code V  | (A) (D) | Date<br>Exer       | cisable  | Expiration<br>Date | Title   | Amount or<br>Number of<br>Shares |
| Stock<br>Appreciation<br>Rights                     | \$ 6.1  |   |   |   |         |                    | <u>(4)</u>   | 04/26/2023         | Class A<br>Common<br>Stock                                    | 20,000                           |
| Stock<br>Appreciation<br>Rights                     | \$ 5.96   |   |   |   |         |                    | <u>(5)</u>   | 09/06/2023         | Class A<br>Common<br>Stock                                    | 33,333                           |
| Stock<br>Appreciation<br>Rights                     | \$ 10.3   |   |   |   |         |                    | <u>(6)</u>   | 11/15/2023         | Class A<br>Common<br>Stock                                    | 100,000                          |

# **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |                   |       |  |  |  |
|---|---------------|-----------|-------------------|-------|--|--|--|
| Topolomy O Who Thank I wanted   | Director      | 10% Owner | Officer           | Other |  |  |  |
| Southwell Gavin<br>C/O HEALTH INSURANCE INNOVATIONS, INC.<br>15438 NORTH FLORIDA AVE., SUITE 201<br>TAMPA, FL 33613 | X             |           | President and CEO |       |  |  |  |

## **Signatures**

/s/ Curt P. Creely, Attorney in Fact for Gavin
Southwell 02/05/2019

\*\*Signature of Reporting Person Date

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## **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).
  - Sales made pursuant to a 10b5-1 plan previously adopted by the Reporting Person. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$40.00 to \$40.22, inclusive. The Reporting Person undertakes
- (1) to provide Health Insurance Innovations, Inc. (the "Company), any security holder of the Company, or the staff of the Securities & Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth herein.
  - Sales made pursuant to a 10b5-1 plan previously adopted by the Reporting Person. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$40.00 to \$41.58, inclusive. The Reporting Person undertakes
- (2) to provide Health Insurance Innovations, Inc. (the "Company), any security holder of the Company, or the staff of the Securities & Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth herein.
  - Sales made pursuant to a 10b5-1 plan previously adopted by the Reporting Person. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$40.00 to \$40.08, inclusive. The Reporting Person undertakes
- (3) to provide Health Insurance Innovations, Inc. (the "Company), any security holder of the Company, or the staff of the Securities & Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth herein.
- (4) These stock-settled stock appreciation rights were granted under the Plan and vest 50% on the first anniversary of grant date and 50% on the second anniversary of grant date, subject to the terms of the Plan and an award agreement under the Plan.
- These stock-settled stock appreciation rights were granted under the Plan and vest 25% on the first anniversary of grant date, 25% on the (5) second anniversary of grant date, and 50% on the third anniversary of grant date, subject to the terms of the Plan and an award agreement under the Plan.
- (6) These stock-settled stock appreciation rights were granted under the Plan and vest 25% on each of the first four anniversaries of the date of grant, subject to the terms of the Plan and an award agreement under the Plan.

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.