#### Edgar Filing: Springer Jon - Form 4

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Form 4 September 1	2 2018										
FORM	ЛЛ	STATES						OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check th if no lon subject t	ger STATE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								ber: January 31, es: 2005	
Subject of Section Form 4 of Form 5	<b>N</b>	SECUE			A - 4 - 5 1024	Estimated average burden hours per response					
obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the l	Public U	· · ·	ding Co	mpar	ny Act of	e Act of 1934, 1935 or Section 0	I		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Springer Jon			2. Issuer Name <b>and</b> Ticker or Trading Symbol UNIVERSAL INSURANCE					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
<i>(</i> <b>7</b> )				INGS, IN	-	-					
	(First) ( T COMMERCIA ARD, SUITE 100	Middle) L		of Earliest T Day/Year) 2018	ransaction	L		Director Officer (give t below) Presid		Owner er (specify	
				endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
FORT LAU	JDERDALE, FL	33309						Form filed by Me Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	e Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8)		sed of		Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	09/10/2018			Code V S(1)	Amount 6,400	(D) D	Price \$ 44.6 (2)	(Instr. 3 and 4) 449,325	D		
Common Stock	09/10/2018			S <u>(1)</u>	600	D	\$ 45.5417 <sub>(3)</sub>	448,725	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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			
Springer Jon							
1110 WEST COMMERCIAL BOULEVARD			President				
SUITE 100			and CRO				
FORT LAUDERDALE, FL 33309							

### Signatures

<u>\*\*</u>Signature of Reporting Person

/s/ Jon Springer	09/12/2018
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## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 29, 2018.

The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$44.20 to \$45.15. The reporting person undertakes to provide to Universal Insurance Holdings, Inc., any security holder of Universal Insurance

- (2) Holdings, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in footnotes (2) and (3) herein.
- (3) The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$45.20 to \$46.15, inclusive.

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.