Edgar Filing: Heritage Insurance Holdings, Inc. - Form 4

Heritage Insurance Holdings, Inc. Form 4 August 19, 2014

August 19, 2014	1								
FORM 4	4							PPROVAL	
	UNITE) STATES		ITIES AND EX hington, D.C. 20		COMMISSION	OMB Number:	3235-0287	
Check this bo if no longer									
subject to	STATE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						2005 Estimated average	
Section 16. Form 4 or		SECURITIES					burden hou	•	
Form 5 obligations may continue <i>See</i> Instruction 1(b).									
(Print or Type Resp	oonses)								
1. Name and Address of Reporting Person <u>*</u> LINDER KENT M			2. Issuer Name and Ticker or Trading Symbol Heritage Insurance Holdings, Inc.			5. Relationship of Reporting Person(s) to Issuer			
			[HRTG]			(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of (Month/Da	Earliest Transaction		Director X_ Officer (giv	ve title Oth	6 Owner er (specify	
C/O HERITAG HOLDINGS, II MCCORMICK	NC., 2600		08/15/20	-		below) Chief	below) Operating Offic	cer	
(Street) 4. If An			4. If Amer	ndment, Date Origin	al	6. Individual or Joint/Group Filing(Check			
CLEARWATE	D FI 33750	3	Filed(Mont	h/Day/Year)		Applicable Line) _X_ Form filed by Form filed by 2	One Reporting Po More than One Ro		
CLEARWATE		2				Person			
(City)	(State)	(Zip)	Table	e I - Non-Derivative	Securities Ac	equired, Disposed o	of, or Beneficia	lly Owned	
	. Transaction D Month/Day/Yea	ar) Executio any	emed on Date, if 'Day/Year)		ed (A) or ed of (D) 3, 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock						135,150	D		
Common Stock						453,491	D <u>(1)</u>		
Common Stock						22,418	I	See Footnote (2)	

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)

1. Title of	2.	3. Transaction Date		4. 5. Number of		6. Date Exercisable and		7. Title and Amount of	
Derivative Security	Conversion or Exercise	(Month/Day/Year)	Execution Date, if any	TransactionDerivative Code Securities		Expiration Date (Month/Day/Vear)		Underlying Securities (Instr. 3 and 4)	
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	· · · · · · · · · · · · · · · · · · ·		(inst. 5 and	-)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 14.87	08/15/2014		А	50,000	03/15/2015	08/15/2024	Common Stock	50,000

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
LINDER KENT M C/O HERITAGE INSURANCE HOLDINGS, INC. 2600 MCCORMICK DRIVE SUITE 300 CLEARWATER, FL 33759			Chief Operating Officer		
Signatures					
/s/ Bruce Lucas, by Power of					

/s/ Bruce Lucas, by Power of Attorney 08/19/2014

<u>**</u>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) Shares of common stock reported on this line are held jointly by Mr. Linder and his wife.
- (2) Shares of common stock reported on this line are held by Mr. Linder's wife.

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.