WILENTZ JOEL Form 4 March 14, 2013

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

Number:

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Check this box if no longer subject to Section 16. Form 4 or 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

Security

(Instr. 3)

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * WILENTZ JOEL

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

UNIVERSAL INSURANCE HOLDINGS, INC. [UVE]

(Check all applicable)

(Last) (First) (Middle) 3. Date of Earliest Transaction

_ Director 10% Owner Officer (give title Other (specify

1110 WEST COMMERCIAL **BOULVEVARD, SUITE 100**

4. If Amendment, Date Original

(Month/Day/Year)

03/12/2013

Applicable Line)

Filed(Month/Day/Year)

Code

(Instr. 8)

X Form filed by One Reporting Person Form filed by More than One Reporting

(Instr. 4)

6. Individual or Joint/Group Filing(Check

Following

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

below)

FORT LAUDERDALE, FL 33309

(Street)

(State) (Zip) (City) 1. Title of 2. Transaction Date 2A. Deemed

3. 4. Securities (Month/Day/Year) Execution Date, if TransactionAcquired (A) or

5. Amount of Securities Beneficially Owned

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership

(Instr. 4)

Reported (A) Transaction(s) or

(Instr. 3 and 4) Code V Amount (D) Price

Disposed of (D)

(Instr. 3, 4 and 5)

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

(Month/Day/Year)

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

3. Transaction Date 3A. Deemed 1. Title of 5. Number of 6. Date Exercisable and Derivative (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date** Conversion

7. Title and Amount of

Underlying Securities

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| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | (Instr. 8) A | | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | (Month/Day/Year) | | (Instr. 3 and 4) | |
|----------------------------------------------|---------------------------------------------------|------------|-------------------------|--------------|---|--------------------------------------------------------------------------------|-----|---------------------|--------------------|------------------|-------------------------------------|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Option to Purchase Common Stock (1) | \$ 4.51 | 03/12/2013 | | A | | 45,000 | | (2) | 03/12/2018 | Common Stock | 45,000 |

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

WILENTZ JOEL 1110 WEST COMMERCIAL BOULVEVARD SUITE 100 FORT LAUDERDALE, FL 33309

Signatures

/s/ Joel M. Wilentz 03/13/2013

**Signature of Date
Reporting Person

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).

X

- (1) Option was granted in connection with a Non-Qualified Stock Option Agreement by and between the Company and Mr. Wilentz, effective March 12, 2013.
- (2) The option vests in full on the earlier of (i) March 12, 2014, and (ii) the second annual meeting of the Company's shareholders following March 12, 2014 at which the shareholders elect or reelect any directors to the Board.

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.

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