UNIVERSAL INSURANCE HOLDINGS, INC.

Form 4 May 20, 2008

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB 3235-0287

Number:

Expires:

January 31, 2005

0.5

Estimated average

burden hours per response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

Security

(Instr. 3)

(Print or Type Responses)

1. Name and Address of Reporting Person * MEIER BRADLEY I

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

UNIVERSAL INSURANCE HOLDINGS, INC. [UVE]

(Check all applicable)

Chief Executive Officer

(First)

(Street)

(Middle)

3. Date of Earliest Transaction (Month/Day/Year)

X Director X__ 10% Owner X_ Officer (give title Other (specify below)

1110 WEST COMMERCIAL **BOULEVARD, SUITE 100**

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

05/16/2008

Applicable Line)

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

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

FORT LAUDERDALE, FL 33309

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

3. 4. Securities (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5)

(Instr. 8)

5. Amount of 6. Ownership Securities Form: Direct Beneficially (D) or Indirect Beneficial Owned (I) (Instr. 4)

Following Reported Transaction(s)

or (Instr. 3 and 4)

Code V Amount (D) Price

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 Derivative (Month/Day/Year) Execution Date, if TransactionDerivative Conversion

5. Number of

(A)

6. Date Exercisable and **Expiration Date**

7. Title and Amoun Underlying Securiti

7. Nature of

Ownership

(Instr. 4)

Indirect

Edgar Filing: UNIVERSAL INSURANCE HOLDINGS, INC. - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		r)	(Instr. 3 and 4)	
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amou Numb Share
Option to Purchase Common Stock (1)	\$ 3.9	05/16/2008		A	250,000	05/16/2009(2)	05/16/2013	Common Stock	250,

Reporting Owners

Reporting Owner Name / Address	Relationships					
corporating of their state of state of the s	Director	10% Owner	Officer	Other		
MEIER BRADLEY I 1110 WEST COMMERCIAL BOULEVARD SUITE 100 FORT LAUDERDALE, FL 33309	X	X	Chief Executive Officer			

Signatures

Reporting Person

/s/ Bradley I. 05/20/2008
Meier 05/20/2008

**Signature of 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) Option was granted in connection with a Non-Qualified Stock Option Agreement by and between the Company and Mr. Meier, effective as of May 16, 2008.
- This option shall only be exercisable on such date or dates as the Fair Market Value (as defined in the Non-Qualified Stock Option (2) Agreement) of the Company's Common Stock is and has been at least one hundred fifty percent (150%) of the exercise price for the previous twenty (20) consecutive trading days.

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.

Reporting Owners 2