## Edgar Filing: LYNCH JAMES M - Form 4

ANOLI LANGER

Form 4										
May 26, 201								OMB A	PPROVAL	
FORM	<b>4</b> UNITED	STATES					E COMMISSION		3235-0287	
Check this box Washingto					, D.C. 20	0549		Number:	January 31,	
if no lon subject t Section Form 4 o Form 5 obligatio	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES4 or556677788999 <td>Estimated burden hou response</td> <td>2005 average urs per</td>						Estimated burden hou response	2005 average urs per		
may con <i>See</i> Instr 1(b).	tinue. Section 17(			•	•	mpany Act	t of 1935 or Sectio 1940	on		
(Print or Type)	Responses)									
1. Name and Address of Reporting Person <u>*</u> LYNCH JAMES M			2. Issuer Name <b>and</b> 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 (Month/Day/Year)				Director 10% Owner _X Officer (give title Other (specify below) below)			
	Г COMMERCIA ARD, SUITE 100	L	05/19/2	2010			· · · · · · · · · · · · · · · · · · ·	utive VP and Cl	FO	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
FORT LAU	JDERDALE, FL	33309					Person	wore than one R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution 1 any	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, Amount	(A) or of (D)	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)	
Reminder: Rep	port on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
	·				Perso inforr requi	ons who re nation con red to resp ays a curre	spond to the colle tained in this form ond unless the for ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					sposed of, or convertible	· Beneficially Owned securities)	I		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	6) A o (1 (1	Securities Acquired or Dispose (D) (Instr. 3, 4 and 5)	(A) ed of	(Month/Day	/Year)	(Instr. 3 and	4)
Options				Code Y	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
to Purchase Common Stock (1)	\$ 4.87	05/19/2010		А	,	75,000		(2)	05/19/2015	Common Stock	75,000
Repor	ting Ov	vners									

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
LYNCH JAMES M 1110 WEST COMMERCIAL BOULEVARD SUITE 100 FORT LAUDERDALE, FL 33309			Executive VP and CFO			
Signatures						
/s/ James M. 05/05/2010						

Lynch	05/25/2010
<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) Option was granted in connection with a Non-Qualified Stock Option Agreement by and between the Company and Mr. Lynch, effective as of May 19, 2010.
- (2) This option will vest as follows: (a) 37,500 shares vest immediately on grant date, May 19, 2010; and (b) 37,500 shares vest on May 19, 2011.

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.