Heritage Insurance Holdings, Inc.

Form 4/A

Common

Stock

September 25, 2014

FORM	OMB APPROVAL								
	OMB Number:	3235-0287							
Check this if no longe	Expires:	January 31,							
subject to Section 16 Form 4 or	Estimated average burden hours per response 0.5								
Form 5 obligations may continue. See Instruction 1(b). 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									
(Print or Type R	esponses)								
1. Name and Ad Lucas Bruce	ddress of Reporting Person *	Symbol	5. Relationship of Reporting Person(s) to Issuer						
		Heritage Insurance Holdings, Inc. [HRTG]	(Check all applicable)						
(Last)	(First) (Middle)	3. Date of Earliest Transaction (Month/Day/Year)	X Director X Officer (give	e title Oth	6 Owner er (specify				
HOLDINGS	AGE INSURANCE , INC., 2600 CK DRIVE SUITE 300	08/15/2014	below) Cha	below) Chairman & CEO					
	(Street)	4. If Amendment, Date Original Filed(Month/Day/Year) 08/19/2014	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting						
CLEARWA	TER, FL 33759		Person	Aore than One Ro	eporting				
(City)	(State) (Zip)	Table I - Non-Derivative Securities	Acquired, Disposed of	f, or Beneficia	lly Owned				
1.Title of Security (Instr. 3)	2. Transaction Date 2A. I (Month/Day/Year) Exection (Month/Day/Year) (Month/Day/Year)		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			117,055	D					
Common Stock			540,600	D (1)					
Common Stock			22,418	I	See Footnote (2)				

318,750

I

See

Footnote

Common Stock See I Footnote (4)

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.

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (Instr.	8)	5. In Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)
				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			
Lucas Bruce C/O HERITAGE INSURANCE HOLDINGS, INC. 2600 MCCORMICK DRIVE SUITE 300 CLEARWATER, FL 33759	X		Chairman & CEO				

Signatures

/s/ Bruce Lucas 09/25/2014

**Signature of Person 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).
- (1) Shares of common stock reported on this line are held by Mr. Lucas and his wife as tenants by the entirety.

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- (2) Shares of common stock reported on this line are held by Mr. Lucas' wife.
- (3) Shares of common stock reported on this line are held by IIM Holdings, LLC and IIM Holdings II, LLC, entities controlled by Mr.
- (4) Shares of common stock reported on this line are held by the Bruce Lucas Irrevocable Grantor Retained Annuity Trust of 2014.

Remarks:

The reporting person initially filed a Form 4 on August 19, 2014 (the "Initial Form 4") reporting the award of stock options to 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.