## Edgar Filing: Macchiarola James J - Form 4

Macchiarola Jame Form 4	es J									
December 12, 201	18									
FORM 4	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMMISSION	OMB AP OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Ecrm 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: Estimated a burden hour response		
Form 5 obligations may continue.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 19401(b).30(h) of the Investment Company Act of 1940										
(Print or Type Respon	ises)									
1. Name and Address Macchiarola Jam	Symbol					5. Relationship of Reporting Person(s) to Issuer				
(Last) (I	First) (Middl		3. Date of Earliest Transaction (Check					k all applicable)		
5300 WEST CYI	(Month/D 12/10/20				i	_X_Director10% Owner Officer (give titleOther (specify below)below)				
			Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
TAMPA, FL 33607							ore than One Rep	porting		
(City) (S	State) (Zip)	) Tabl	e I - Non-I	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
	any	ecution Date, if	3. Transactio Code (Instr. 8) Code V	nor Dispos (Instr. 3, 4	ed of		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							12,000 <u>(1)</u>	D		
Common 12/10 Stock	0/2018		Р	1,500	А	\$ 53.4564	7,500	D		

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)

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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. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh			
r. o	Director	10% Owner	Officer	Other	
Macchiarola James J 5300 WEST CYPRESS ST TAMPA, FL 33607	Х				
Signatures					
/s/ Andrew L. Graham as Attor Macchiarola	12/12/2018				

\*\*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).

Restricted stock grant effective 11/12/2013: 6,000 shares will vest one year after the closing price of HCI common shares equals or exceeds \$65 per share for 20 consecutive trading days, and 6,000 will vest one year after the closing price of HCI common shares equals

(1) or exceeds \$80 per share for 20 consecutive trading days, and 0,000 will vest one year after the closing pirce of rich continion shares equals or exceeds \$80 per share for 20 consecutive trading days. All shares for which restrictions have not lapsed 6 years and one day from the grant date will be forfeited. These shares were granted by the Company pursuant to the Company's 2012 Omnibus Incentive Plan.

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.