Health Insurance Innovations, Inc.

Form 4

May 27, 2016

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

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

2. Issuer Name and Ticker or Trading

Health Insurance Innovations, Inc.

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \*

McNamee Patrick

TAMPA, FL 33613

(Last)

(First) (Middle)

C/O HEALTH INSURANCE INNOVATIONS, INC., 15438 NORTH FLORIDA AVE., SUITE

201

(Street)

4. If Amendment, Date Original

3. Date of Earliest Transaction

Filed(Month/Day/Year)

(Month/Day/Year)

05/25/2016

Symbol

[HIIQ]

**OMB APPROVAL** 

OMB Number:

3235-0287

Expires:

January 31, 2005

Estimated average burden hours per

response...

0.5

5. Relationship of Reporting Person(s) to

(Check all applicable)

\_X\_\_ Director 10% Owner X\_ Officer (give title

Other (specify CEO and President

6. Individual or Joint/Group Filing(Check

Applicable Line) \_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting

(City) (Zip) (State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)

Class A

Stock

Common

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if any (Month/Day/Year)

3. 4. Securities Code (Instr. 8)

TransactionAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following Reported

Issuer

below)

Form: Direct (D) or Indirect (I) (Instr. 4)

I

6. Ownership 7. Nature of Indirect Beneficial Ownership (Instr. 4)

(A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

25,000

As Trustee -Patrick R. McNamee

Trust U/A Dated 2/13/09

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

SEC 1474 (9-02)

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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)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | Code   | 5. Number of torDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                    | 7. Title and Amoun<br>Underlying Securiti<br>(Instr. 3 and 4) |                       |
|---|---|---|---|--------|--|--|--------------------|---|-----------------------|
|   |   |   |   | Code V | (A) (D)  | Date<br>Exercisable                                      | Expiration<br>Date | Title   | Amou<br>Numl<br>Share |
| Stock<br>Appreciation<br>Rights                     | \$ 6.77   | 05/25/2016                              |   | A      | 125,000  | <u>(1)</u>   | 05/25/2021         | Class A<br>Common<br>Stock                                    | 125,                  |
| Stock<br>Appreciation<br>Rights                     | \$ 4.33   |   |   |        |  | (2)  | 11/09/2020         | Class A<br>Common<br>Stock                                    | 425,                  |
| Stock<br>Appreciation<br>Rights                     | \$ 4.72   |   |   |        |  | (3)  | 06/08/2022         | Class A<br>Common<br>Stock                                    | 300,                  |

### **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |                   |       |  |  |
|---|---------------|-----------|-------------------|-------|--|--|
| . 6   | Director      | 10% Owner | Officer           | Other |  |  |
| McNamee Patrick<br>C/O HEALTH INSURANCE INNOVATIONS, INC.<br>15438 NORTH FLORIDA AVE., SUITE 201<br>TAMPA, FL 33613 | X             |           | CEO and President |       |  |  |

## **Signatures**

/s/ Michael Hershberger, Attorney in Fact for Patrick
McNamee 05/27/2016

\*\*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).
- These stock-settled stock appreciation rights were granted under the Plan and will vest on the first date on which the average trading price (1) of the Company's Class A common stock is at or above \$16.00 per share for the preceding 30 consecutive trading days, subject to the terms of the Plan and an award agreement under the Plan.
- (2) These stock-settled stock appreciation rights were previously granted under the Issuer's Long-Term Incentive Plan ("Plan") and vest as follows: (i) 125,000 on the first date on which the average trading price of the Company's Class A common stock is at or above \$8.00 per

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share for the preceding 30 consecutive trading days, (ii) 250,000 on the first date on which the average trading price of the Company's Class A common stock is at or above \$12.00 per share for the preceding 30 consecutive trading days and (iii) 50,000 on the first date on which the average trading price of the Company's Class A common stock is at or above \$16.00 per share for the preceding 30 consecutive trading days, all subject to the terms of the Plan and an award agreement under the Plan.

These stock-settled stock appreciation rights were previously granted under the Plan and are scheduled to vest in increments as follows: 25% on June 8, 2016; 25% on June 8, 2017; and 50% on June 8, 2018, subject to the terms of the Plan and an award agreement under the 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.