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Form 4	ED NATIONAL H	HOLDIN	G CO									
March 16, 2												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									ON (оме СМВ	IB APPROVAL	
Check th	uis hoy		Wa	shington,	D.C. 20)549				Number		
Check this box if no longer subject to Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: January 3 20 Estimated average burden hours per response 0	
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17(a) of the	Public U		ding Cor	npan	y Act	nge Act of 193 of 1935 or Sec 940	4,	oopono		0.0
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> Kimbrough Jenifer G			2. Issuer Name and Ticker or Trading Symbol FEDERATED NATIONAL HOLDING CO [FNHC]					5. Relationship of Reporting Person(s) to Issuer				
								(Check all applicable)				
(Last)	(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)				X_ Director10% Owner Officer (give titleOther (specify				
14050 N.W 180	7. 14 STREET, SU	JITE	03/14/2	017				below)		below)		
			4. If Amendment, Date Original Filed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
SUNRISE,	FL 33323							Person	by More		e Reporting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities A	cquired, Dispose	d of, o	r Benefi	cially Owned	
1.Title of Security (Instr. 3)	ty (Month/Day/Year) Execution I		n Date, if TransactionAcquired (A Code Disposed of Day/Year) (Instr. 8) (Instr. 3, 4 a ((A) c of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form (D) or Indire	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, par value \$0.01 per share	03/14/2017			Code V	Amount 3,289	(D) A	Price (<u>1</u>)	(inst. 3 and 4) 21,093 (2)	D			
Common Stock, par value \$0.01 per share								1,110	Ι		Held in Ms. Kimbrough IRA	

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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)

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. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	umber Expiration Date (Month/Day/Year) erivative ecurities cquired a) or isposed (D) nstr. 3,		Underlying Securities (Instr. 3 and 4)		8. De Se (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (right to buy)	\$ 4.4					04/06/2013 <u>(3)</u>	04/06/2022	Common Stock, par value \$0.01 per share	15,000	

Reporting Owners

Reporting Owner Name / Address	Relationships							
F B	Director	10% Owner	Officer	Other				
Kimbrough Jenifer G 14050 N.W. 14 STREET SUITE 180 SUNRISE, FL 33323	х							
Signatures								
/s/ Jenifer G. Kimbrough	03/16/201	7						

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Restricted stock award pursuant to the Issuer's 2012 Stock Incentive Plan.

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1,047 restricted shares vested on 3/4/2017 and 1,912 restricted shares vested on 3/10/2017; therefore resulting from the vesting of 2,959
(2) restricted shares and the grant of 3,289 restricted shares on 3/14/2017, a total of 12,419 of the Reporting Person's shares are subject to vesting under the Issuer's 2012 Stock Incentive Plan.

(3) The stock options are fully vested.

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.