Edgar Filing: SINK ADELAIDE A - Form 4

SINK ADEL	AIDE A										
Form 4 May 30, 201	3										
										OMB APPROVAL	
	UNITED S	STATES					NGE	COMMISSION	OND	3235-0287	
Check the			vvas	hington,	D.C. 20	549			Number:	January 31,	
if no longer subject to Section 16. Form 4 or				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: 2005 Estimated average burden hours per		
Form 4 or Form 5 obligations may continue.response0.5Filed 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 19400.5											
(Print or Type F	Responses)										
SINK ADELAIDE A Symb			Symbol					5. Relationship of Reporting Person(s) to Issuer			
	Health Insurance Innovations, Inc. [HIIQ]					(Check all applicable)					
			Pate of Earliest Transaction onth/Day/Year)			X_ Director 10% Owner Officer (give title Other (specify below) below)					
			05/28/2013					below) below)			
	(Street)		Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
TAMPA, FL 33613				Form filed by More than One Reporting Person							
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Securi	ities Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			on Date, if	CodeDisposed of (D)r)(Instr. 8)(Instr. 3, 4 and 5)			SecuritiesFBeneficially(I)OwnedIn	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Class A common stock	05/28/2013			А	1,000	A	\$ 9.8	1,000	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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SINK ADELAIDE A 15438 N FLORIDA AVENUE SUITE 201 TAMPA, FL 33613	Х						
Signatures							
/s/ Michael D. Hershberger, Attorney-in-Fact		05/	/30/2013				
<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).

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.