Edgar Filing: BARKETT ANTHONY - Form 4

BARKETT A Form 4											
December 18	4 UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								PROVAL 3235-0287	
if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	6. Filed pur Section 17(Expires: January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type R	Responses)										
BARKETT ANTHONY Symbol Health			Symbol	er Name and Ticker or Trading Insurance Innovations, Inc.				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mor				ate of Earliest Transaction nth/Day/Year) 17/2018				_X_ Director 10% Owner Officer (give title Other (specify below) below)			
				endment, Date Original nth/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 Person 			
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative S	Securi	ities Acq	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		3. Transactio Code (Instr. 8) Code V	4. Securit on(A) or Dis (Instr. 3, 4) Amount	sposed	Price	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)	
Class A Common Stock	12/17/2018			А	15,525 (1)	A	\$ 31.19 (1)	71,077 <u>(1)</u>	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. Transact: Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

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Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BARKETT ANTHONY 15438 NORTH FLORIDA AVENUE SUITE 201 TAMPA, FL 33613	X							
Signatures								
/s/ Michael Hershberger, Attorney-in-F Barkett		12/18/2018						
<u>**</u> Signature of Reporting Perso		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).

The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$31.31 to \$31.38, inclusive. The Reporting Person undertakes to provide Health Insurance Innovations Inc. (the "Company"), any security (1)

holder of the Company, or the staff of the Securities & Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth herein.

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.