## Edgar Filing: Heritage Insurance Holdings, Inc. - Form 4

Heritage Insurance Holdings, Inc. Form 4 December 17, 2015

December 1	7, 2015										
FORN Check th if no lon subject t Section	nis box Iger STATE	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								PROVAL 3235-0287 January 31, 2005 verage	
Form 4 Form 5 obligatio may con <i>See</i> Instr 1(b).	Filed pu ons Section 17 ruction	(a) of the l	Public U		lding Co	npan	y Act of	e Act of 1934, 1935 or Section 0	burden hour response	0.5	
(Print or Type	Kesponses)										
1. Name and Address of Reporting Person <u>*</u> WIDDICOMBE RICHARD A			2. Issuer Name <b>and</b> Ticker or Trading Symbol Heritage Insurance Holdings, Inc.					5. Relationship of Reporting Person(s) to Issuer			
		[HRTG]					(Check all applicable)				
(			3. Date of Earliest Transaction (Month/Day/Year) 12/15/2015					_X_ Director10% Owner _X_ Officer (give titleOther (specify below)below) President			
(Street) 4. If Am			(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
CLEARWA	ATER, FL 33759							Form filed by Me Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	curity (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired (A Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				<ul> <li>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</li> </ul>	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	12/15/2015			Code V $S_{(1)}^{(1)}$	Amount 10,000	(D) D	Price \$ 21.4391 (2)		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.

## Edgar Filing: Heritage Insurance Holdings, Inc. - Form 4

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

## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
	Dir	rector	10% Owner	Officer	Other		
WIDDICOMBE RICHARD A C/O HERITAGE INSURANCE HOLDINGS 2600 MCCORMICK DRIVE SUITE 300 CLEARWATER, FL 33759	s, INC.	X		President			
Signatures							
/s/ Bruce Lucas, by Power of Attorney	12/17/2015						
**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).
- (1) Sale pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on March 12, 2015.

The price is the weighted average price for the transactions reported on this line. The range of prices for the transactions reported on this(2) line is between \$21.20 and \$21.78 per share. Complete information regarding the number of shares sold at each separate price will be provided upon request by the Commission Staff, the issuer or a security holder of the issuer

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.