Edgar Filing: HCC INSURANCE HOLDINGS INC/DE/ - Form 4

HCC INSU Form 4 July 16, 201	RANCE HOLDIN 4	NGS INC/	DE/									
FORM	ЛЛ								-	PPROVAL		
	UNITED	STATES		RITIES A shington			NGE	COMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or				NGES IN SECUF		Estimated burden hou	Estimated average burden hours per					
Form 5 obligation may con See Instr 1(b).	Filed pur ons Section 17((a) of the l	Public U		ding Cor	npan	y Act	nge Act of 1934, of 1935 or Sectio 940	response On	. 0.5		
(Print or Type	Responses)											
Rohlf Hans D S			2. Issuer Name and Ticker or Trading Symbol HCC INSURANCE HOLDINGS INC/DE/ [HCC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
HOLDING	(First) (NSURANCE S, INC., 13403 EST FREEWAY	Middle)		of Earliest Tr Day/Year) 2014	ransaction			X Director Officer (give below)		% Owner her (specify		
				endment, Da onth/Day/Yea	-	1		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting 				
(City)	(State)	(Zip)	Tab	la I Non I	Dorivotivo	Soom	vitios A	Person .cquired, Disposed o	or Bonoficio	lly Ownod		
1.Title of Security (Instr. 3)			3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	ies (A) or of (D) 4 and 3 (A) or	r)	5. Amount of Securities Beneficially Owned		7. Nature of Indirect			
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities benef	icially ow	ned di	rectly o	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)

Edgar Filing: HCC INSURANCE HOLDINGS INC/DE/ - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number		6. Date Exercisable and		7. Title and Amount of		8. P		
Derivative Security	Conversion or Exercise	(Month/Day/Year)	Execution Date, if	Transa Code	ctic	tion of Derivative		Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)		Der Sec
(Instr. 3)	Price of Derivative		any (Month/Day/Year)	(Instr.	8)			(Woldin Day Tear)		(instr. 5 and +)		(Ins
	Security				Disposed of (D)							
						(Instr. 3, and 5)	, 4,					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock (1)	<u>(2)</u>							(3)	(3)	Common Stock	3,291.16	
Deferred Stock (1)	<u>(2)</u>	07/15/2014		А		15.17 (4)		(3)	(3)	Common Stock	15.17	\$ 4

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Rohlf Hans D C/O HCC INSURANCE HOLDINGS, INC. 13403 NORTHWEST FREEWAY HOUSTON, TX 77040	X							
Signatures								
Alexander M Ludlow as Attorney in Fact for I Rohlf	Hans D.	07/16/2014						

**Signature of Reporting Person

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) Represents stock compensation deferred pursuant to the HCC Insurance Holdings, Inc. Nonqualified Deferred Compensation Plan for Non-Employee Directors (the "Plan").
- (2) Each share of deferred stock represents the right to receive one share of HCC common stock.
- (3) The deferred stock will be payable to the reporting person in shares in HCC common stock upon occurrence of certain payment events, including reporting person's termination of service as a director or a change in control of HCC Insurance Holdings, Inc.
- (4) Represents dividend equivalents on compensation deferred under the Plan.
- (5) Represents the closing price of HCC's common stock on Tuesday, July 15, 2014.

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.

Date