TICLC

| HCI Group, | Inc. | | | | | | | | | | |
|---|--------------------------------|-----------------------------|--|--------------------|------------|--|------------------------|--|---------------------|------------|--|
| Form 4 | | | | | | | | | | | |
| April 16, 201 | 14 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | OMB APPROVAL | | |
| | UNITED | STATES | SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549 | | | | | COMMISSION | OMB Number: | 3235-0287 | |
| Check the if no long | | | | | | | Expires: | January 31, 2005 | | | |
| subject to | MENT O | F CHANGES IN BENEFICIAL OWN | | | | | NERSHIP OF | Estimated a | | | |
| Section 1 Form 4 o | SECURITIES | | | | | | burden hou | rs per | | | |
| Form 5 | | rsuant to ' | Section 1 | 6(a) of the | - Securit | ies F | vchang | e Act of 1934, | response | 0.5 | |
| obligation | ns Section 17 | | | | | | • | ² 1935 or Section | า | | |
| may cont See Instru | inue. | | | vestment | • | · · | | | • | | |
| 1(b). | | | | | • | • | | | | | |
| | , , | | | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Wallace Scott R | | | 2. Issuer Name and Ticker or Trading | | | | וס | 5. Relationship of Reporting Person(s) to | | | |
| | | | Symbol | | | | | Issuer | | | |
| | | HCI Gr | oup, Inc. [| HCI] | | | (Check all applicable) | | | | |
| (Last) | (First) (| (Middle) | 3. Date of Earliest Transaction | | | | (Check an applicable) | | | | |
| | | | (Month/Day/Year) | | | | | Director 10% Owner | | | |
| | | | 04/15/2 | 04/15/2014 | | | | XOfficer (give titleOther (specify below) below) | | | |
| STREET, S | UTTE 100 | | | | | | | Divi | sion President | | |
| | 4. If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | | | |
| | Filed(Mor | nth/Day/Year |) | | | Applicable Line) _X_ Form filed by One Reporting Person | | | | | |
| TAMPA, FI | . 33607 | | | | | | | Form filed by M | | | |
| | | | | | | | | Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Securi | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of | 2. Transaction Dat | | | 3. | 4. Securi | | | 5. Amount of | 6. Ownership | | |
| Security (Instr. 3) | (Month/Day/Year) | any | on Date, if | Transactio Code | (Instr. 3, | | | Securities Beneficially | Form: Direct (D) or | Beneficial | |
| | | • | Day/Year) | (Instr. 8) | (| | - / | Owned | Indirect (I) | Ownership | |
| | | | | | | | | Following Reported | (Instr. 4) | (Instr. 4) | |
| | | | | | | (A) or | | Transaction(s) | | | |
| | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | |
| Common | 04/15/2014 | | | F | 2,719 | D | \$ | 74,547 <u>(2)</u> | D | | |
| Stock | 0 11 10/2011 | | | • | (1) | (1) | 35.54 | , | ~ | | |
| Common | | | | | | | | 2,500 (3) | D | | |
| Stock | | | | | | | | 2,300 <u>~</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.

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 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. Transact Code (Instr. 8) | 5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | Date | Unde Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne 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 | | | | | | |
|---|---------------|-----------|--------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Wallace Scott R 5300 WEST CYPRESS STREET SUITE 100 TAMPA, FL 33607 | | | Division President | | | | |
| Signatures | | | | | | | |

/s/ Scott R. 04/16/2014 Wallace

<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).
- (1) 2,719 shares were surrendered to cover the minimum federal income tax liability associated with the vesting on 04/15/2014 of 10,000 restricted shares.

Restricted stock grant of 100,000 shares effective 4/20/2012: Restrictions on 50,000 shares of the restricted stock will lapse in annual increments of 10,000 shares beginning on the first anniversary of the vesting date. With respect to the remaining 50,000 restricted shares,

(2) the restriction period will lapse and 10,000 restricted shares will vest one year after the market price of HCI common shares equals or exceeds the target price in each case for 20 consecutive trading days. The target prices set for this grant are \$12, \$14, \$16, \$18 and \$20. The number of shares reported in column 5 includes 30,000 unvested shares pursuant to this 4/20/2012 restricted stock grant.

Restricted stock grant of 2,500 shares effective 2/28/2014: Restriction period will lapse and the restricted shares will vest as follows: 625 shares on each of January 15, 2015, January 15, 2016, January 15, 2017, and January 15, 2018. These shares were granted by the

(3) Shares on each of January 15, 2015, January 15, 2016, January 15, 2017, and January 15, 2018. These shares were granted by the company pursuant to the company's 2012 Omnibus Incentive Plan and under the terms and conditions of a restricted stock agreement dated 2/28/2014.

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.