Health Insurance Innovations, Inc. Form 3 July 24, 2014 FORM 3 UNITED STAT

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF 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 30(h) of the Investment Company Act of 1940

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(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Telkamp Bruce			2. Date of Event Requirin Statement (Month/Day/Year)	³ 3. Issuer Name and Ticker or Trading Symbol Health Insurance Innovations, Inc. [HIIQ]				
(Last)	(First)	(Middle)	07/14/2014	4. Relationsh Person(s) to 2	nip of Reporting Issuer	5	5. If Amendment, Date Original Filed(Month/Day/Year)	
C/O HEALTH INSURANCE INNOVATIONS, INC., 15438 N. FLORIDA AVE., SUITE 201 (Street) TAMPA, FL 33613				(Check all applicable) XDirector10% Owner XOfficerOther (give title below) (specify below) Chief Operating Officer		Owner r ow)	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)	Table I -	Non-Deriva	tive Securit	ies Bei	neficially Owned	
1.Title of Secu (Instr. 4)	rity		2. Amount Beneficiall (Instr. 4)	of Securities y Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1	
Common St	ock		276,918		D	Â		
Reminder: Report on a separate line for each class of securities owned directly or indirectly.				icially	SEC 1473 (7-02	2)		
	inforr requi	nation contaired to respo	pond to the collection o ained in this form are no and unless the form dis MB control number.	ot				

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	Ownership
		(Instr. 4)	Price of	Derivative	(Instr. 5)
			Derivative	Security:	

	U	•					
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Appreciation Rights	(1)	07/14/2021	Class A Common Stock	10,000	\$ 10.79	D	Â

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Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
Telkamp Bruce C/O HEALTH INSURANCE INNOVATIONS, INC. 15438 N. FLORIDA AVE., SUITE 201 TAMPA, FL 33613		ÂX	Â	Chief Operating Officer	Â		
Signatures							
/s/ Bruce 07/2	/24/2014						

Telkamp <u>**</u>Signature of Date Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).

These stock-settled stock appreciation rights were granted under the Issuer's Long-Term Incentive Plan and are scheduled to vest in increments of 20%, 20%, 20%, and 40% on successive anniversary dates of the grant, subject to the terms of the plan and an award agreement under the plan.

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.