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HCC INSURANCE HOLDINGS INC/DE/ Form 4 September 30, 2005

FORM	Δ		ITIES AND EXCHANGE		OMB A	PPROVAL			
-	OMB Number:	3235-0287							
if no long subject to Section 10	Check this box if no longer subject to Section 16. Form 4 or				Expires: January 3 ⁻ 200 Estimated average burden hours per response 0.				
Form 5 obligations may continue. See Instruction 1(b). 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									
(Print or Type R	Responses)								
SCHELL MICHAEL J Symbo			Name and Ticker or Trading SURANCE HOLDINGS	5. Relationship of Reporting Person(s) to Issuer					
		INC/DE/ [HCC]			(Check all applicable)				
(Last) (First) (Middle) 3. Date o (Month/I 13403 NORTHWEST 09/28/2 FREEWAY, C/O HCC INSURANCE HOLDINGS			-	Director 10% Owner X Officer (give title Other (specify below) below) below) Executive Vice President					
HOUSTON,	(Street)		ndment, Date Original th/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 					
(City)		Zip) Table		Person					
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Table	e I - Non-Derivative Securities Ac 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) 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)	ly Owned 7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock				0	D				
Reminder: Repo	ort on a separate line f	for each class of secur	ities beneficially owned directly or	r 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)

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) Disposed of (1 (Instr. 3, 4, an 5)	or D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) ((D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Option to Purcchase (1)	\$ 13.97						(3)	06/03/2008	Common Stock	300,00
Option to Purchase (2)	\$ 27.02	09/28/2005		А	100,000		(4)	09/28/2011	Common Stock	100,00

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Reporting Owners

Reporting Owner Name / Address	Relationships					
reporting o when runne / runness	Director	10% Owner	Officer	Other		
SCHELL MICHAEL J 13403 NORTHWEST FREEWAY C/O HCC INSURANCE HOLDINGS HOUSTON, TX 77040			Executive Vice President			
Signatures						
Christopher L. Martin as Attorney-in-Fact Schell	t for Michae	el J.	09/30/2005			
** Signature of Reporting Person			Date			

**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) Option to purchase granted pursuant to 2001 Flexible Incentive Plan.
- (2) Option to purchase granted pursuant to 2004 Flexible Incentive Plan.
- (3) The options vest equally, on the anniversary date, over a 5 year period.
- (4) The options vest equally, on the anniversary date, over a 4 year period.

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.