### HCC INSURANCE HOLDINGS INC/DE/

11/20/2013

Form 4

November 20, 2013

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB APPROVAL			
								3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES  SECURITIES  Expires: 200  Estimated average burden hours per response 0.  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 Responses)											
1. Name and A	Symbol	CC INSURANCE HOLDINGS				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
HOLDING	(First) (Middle)  NSURANCE S, INC., 13403 EST FREEWAY		3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner _X_ Officer (give title Other (specify below)  Executive Vice President				
HOUSTON	(Street)	4. If Amendment, 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 Person					
(City)	(State) (Zip)	Table I - Non-I	Derivative S	Securi	ities Acqu	uired, Disposed of	, or Beneficiall	y Owned			
1.Title of Security (Instr. 3)	any	on Date, if Transaction Code Day/Year) (Instr. 8)	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature of Ownership Indirect Form: Direct Beneficial (D) or Ownership Indirect (I) (Instr. 4) (Instr. 4)				
Common Stock				( )		85,230	D				
Common Stock	11/19/2013	M	12,132	A	\$ 20.86	97,362	D				
Common Stock	11/19/2013	S	12,132	D	\$ 45.5	85,230	D				
Common Stock	11/20/2013	M	7,868	A	\$ 20.86	93,098	D				

S

7,868

D

\$ 45.5 85,230

D

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

Common Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(9-02)

#### 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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		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 or Number of Shares
Option to Purchase (1)	\$ 20.86	11/19/2013		M		12,132	(2)	11/19/2014	Common Stock	100,000
Option to Purchase (1)	\$ 20.86	11/20/2013		M		7,868	(2)	11/19/2014	Common Stock	100,000

## **Reporting Owners**

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other

Cook Barry J C/O HCC INSURANCE HOLDINGS, INC. 13403 NORTHWEST FREEWAY HOUSTON, TX 77040

**Executive Vice President** 

11/20/2013

### **Signatures**

Alexander M Ludlow as Attorney in Fact for Barry J. Cook

> \*\*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) Option to purchase granted pursuant to the 2008 Flexible Incentive Plan.

Reporting Owners 2

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

(2) The options vest equally annually over a 5 year period beginning 11/19/09 @ 20,000 shares per year.

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.