

# HEALTH INSURANCE INNOVATIONS, INC.

Reported by  
**WANG SHELDON**

## **FORM 4**

(Statement of Changes in Beneficial Ownership)

Filed 12/27/17 for the Period Ending 12/26/17

|             |  |
|-------------|--|
| Address     | 15438 N. FLORIDA AVENUE<br>SUITE 201<br>TAMPA, FL, 33613 |
| Telephone   | 813-397-1187   |
| CIK         | 0001561387   |
| Symbol      | HIIQ   |
| Fiscal Year | 12/31  |

# FORM 4

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

OMB APPROVAL  
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hours per response... 0.5

[ ] 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 1. Name and Address of Reporting Person *  |  | 2. Issuer Name and Ticker or Trading Symbol                       |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  |  |
| <b>Wang Sheldon</b>  |  | <b>Health Insurance Innovations, Inc. [ HIIQ ]</b>                |  | <input checked="" type="checkbox"/> Director<br><input type="checkbox"/> 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below) <b>Chief Technology Officer</b><br><input type="checkbox"/> Other (specify below) |  |
| (Last) (First) (Middle)<br><b>C/O HEALTH INSURANCE INNOVATIONS, INC., 15438 N. FLORIDA AVE., SUITE 201</b> |  | 3. Date of Earliest Transaction (MM/DD/YYYY)<br><b>12/26/2017</b> |  |  |  |
| (Street)<br><b>TAMPA, FL 33613</b>   |  | 4. If Amendment, Date Original Filed (MM/DD/YYYY)                 |  | 6. Individual or Joint/Group Filing (Check Applicable Line)  |  |
| (City) (State) (Zip)   |  |   |  | <input type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person   |  |

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Trans. Date | 2A. Deemed Execution Date, if any | 3. Trans. Code (Instr. 8) |     | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |            |         | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|----------------|-----------------------------------|---------------------------|-----|---|------------|---------|---|--|---|
|                                 |                |                                   | Code                      | V   | Amount  | (A) or (D) | Price   |   |  |   |
| Class A Common Stock            | 12/26/2017     |                                   | S                         | (U) | 5000  | D          | \$25.00 | 144001  | D  |   |
| Class A Common Stock            | 12/27/2017     |                                   | S                         | (U) | 5000  | D          | \$25.00 | 139001  | D  |   |

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

| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Trans. Date | 3A. Deemed Execution Date, if any | 4. Trans. Code (Instr. 8) |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |     | 6. Date Exercisable and Expiration Date |                 | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) |                            | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|----------------|-----------------------------------|---------------------------|---|--|-----|---|-----------------|---|----------------------------|--|--|--|--|
|  |  |                |                                   | Code                      | V | (A)  | (D) | Date Exercisable                        | Expiration Date | Title   | Amount or Number of Shares |  |  |  |  |

**Explanation of Responses:**

(1) Sale made pursuant to 10b5-1 plan adopted by the Reporting Person in November 2016.

**Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |                          |       |
|--|---------------|-----------|--------------------------|-------|
|  | Director      | 10% Owner | Officer                  | Other |
| <b>Wang Sheldon</b><br>C/O HEALTH INSURANCE INNOVATIONS, INC.<br>15438 N. FLORIDA AVE., SUITE 201<br>TAMPA, FL 33613 | X             |           | Chief Technology Officer |       |

**Signatures**

/s/ Michael Hershberger, Attorney-in-Fact for Sheldon Wang

12/27/2017

\*\* Signature of Reporting Person

Date

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

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.