12/21/12 SEC FORM 4

SEC Form 4

## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

	Check this box if no longer subjec
٦	to Section 16. Form 4 or Form 5
╛	obligations may continue. See
	Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 December 31, 2014 Estimated av erage burden hours per

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

									Section 30(h) of the Investment Company Act of 1940										onse:		0.5	
STILWELL JOSEPH KI							2. Issuer Name and Ticker or Trading Symbol KINGSWAY FINANCIAL SERVICES INC [ KFS ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner					
(Last) (First) (Middle) 111 BROADWAY, 12TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 07/18/2012										Officer (give title Other (specify below) below)						
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
NEW YORK   NY   10006																	X Form filed by More than One Reporting Person					
(513)				n-Deriv	ativo '	<u> </u>	CIII	ritio	s Δ c c	uirod	Die	nosed (	of a	or Ro	nof	icially	, Own	e d				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						2 E	2A Deemed Execution Date, if any (Month/Day/Year)			3. Transa Code	ction	4. Securities Acquir Disposed Of (D) (In and 5)			red (/	A) or	5. Amount of Securities Beneficially Owned		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount	t	(A) or (D)		rice	Following Reported Transaction(s) (Instr. 3 and 4)		(In:	str. 4)	(Instr. 4)	
Common Stock 07/18/20					2012					P		3,00	00	A	A \$2.:		2,269,984 (1) (2)		D			
		Tal	ble II -	Derivat (e.g., p													Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8)					6. Date Exerci Expiration Da (Month/Day/Yo		ite		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		of Der Sec (Ins	Price rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v		(A)	(D)	Date Exercisa	Expiration			0 N 0	umb	er						
l	nd Address	of Reporting Person	*																			
(Last) (First) (Middle) 111 BROADWAY, 12TH FLOOR						-																
(Street) NEW YORK NY 100			006		_																	
(City)		(State)	(Zip	)																		
ı	nd Address Value LI	of Reporting Person	*																			
(Last) 111 SW BROADW		(First) AY, 12TH FLOOI																				
(Street)  NEW YO	ORK	NY	100	006		-																

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## **Explanation of Responses:**

- 1. Total reflects four-for-one share consolidation effected by the Company on July 3, 2012.
- 2. Joseph Stilwell, Stilwell Value Partners III, L.P., Stilwell Value Partners IV, L.P., Stilwell Associates, L.P., and Stilwell Associates Insurance Fund of the S.A.L.I. Multi-Series Fund L.P. directly own 125,000; 750,000; 750,000; 586,249; and 58,736 shares of common stock. The aggregate shares are owned indirectly by all reporting owners through Joseph Stilwell's capacities as the managing member and 99% owner of Stilwell Value LLC, which is the general partner of Stilwell Value Partners III, Stilwell Value Partners IV, and Stilwell Associates, and the managing and sole member of Stilwell Advisers LLC, which provides investment advice to Stilwell SALI Fund.

Emily Norris, by power of attorney 07/19/2012

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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 Number.