

OMB APPROVAL	
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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

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* BARKETT ANTHONY <hr/> (Last) (First) (Middle) 15438 NORTH FLORIDA AVENUE SUITE 201 <hr/> (Street) TAMPA FL 33613 <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol Health Insurance Innovations, Inc. [HHIQ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 12/11/2014	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction 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	12/11/2014		P		5,512	A	\$6.4 ⁽¹⁾	6,512	D	
Class A Common Stock	12/12/2014		P		10,000	A	\$6.397 ⁽²⁾	16,512	D	
Class A. Common Stock	09/15/2017		P		13,574	A	\$21.998 ⁽³⁾	49,347	D	

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. Transaction 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 (Month/Day/Year)		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: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		Date Exercisable	Expiration Date					

Explanation of Responses:

- The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$6.370 to \$6.402, inclusive. The Reporting Person undertakes to provide Health Insurance Innovations ("HHI"), any security holder of HHI, or the staff of the Securities & Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth herein.
- The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$6.350 to \$6.401, inclusive. The Reporting Person undertakes to provide HHI, any security holder of HHI, or the staff of the Securities & Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth herein.
- The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$21.995 to \$22.001, inclusive. The Reporting Person undertakes to provide HHI, any security holder of HHI, or the staff of the Securities & Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth herein.

/s/ Anthony Barkett 04/24/2018

** 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 Number.