Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number: 3235-0											
Estimated average burden											
hours nor resnance	. 05										

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

(Eir	Name and Address of Reporting Person* Hoepner Theodore J					2. Issuer Name and Ticker or Trading Symbol BROWN & BROWN, INC. [BRO]									licable) tor		10% O	
(Last) (First) (Middle) 300 N. BEACH STREET					3. Date of Earliest Transaction (Month/Day/Year) 05/05/2021									Office belov	er (give title		Other (below)	specify
(Street) DAYTONA BEACH FL 32114					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	·					
(St	ate) (Z	Zip)																
	Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficiall	y Own	ed			
Date			Date	ay/Year) Exec		Execution Date, f any						4 and Secur Benef Owne		ies cially Following	Form (D) or	: Direct Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) (D)	(A) or (D) Price		Transa	action(s)			
Common Stock, \$.10 par value 05/05/				2021		A		1,873	I	1	\$0.00	.00 113,561			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
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Explanation of Responses:

Remarks:

/s/ Theodore J. Hoepner

05/05/2021

** 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.