## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*  Walker Chris L							2. Issuer Name and Ticker or Trading Symbol BROWN & BROWN, INC. [ BRO ]										all app Dired		ng Per	10% C		
(Last) (First) (Middle) 220 S. RIDGEWOOD AVE.							3. Date of Earliest Transaction (Month/Day/Year) 02/25/2019											Officer (give title below)  EVP and Pres.		below)		
(Street) DAYTONA BEACH FL 32114  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)										ine) X	Forn Forn	al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - No	n-Deri\	/ative	Se	curit	ies A	cqı	uired,	Dis	posed o	f, o	r Ber	nefici	ally	Owne	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ar)   i	2A. Deemed Execution Date, if any (Month/Day/Year)		'	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				4 and Secu		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount		(A) or (D)	Pric	е	Transa	action(s) 3 and 4)			(Instr. 4)	
Common Stock, \$.10 par value (SIP) 02/25/.							2019			A		31,753	(1)	A	1	\$0		140,543(2)		D		
Common Stock, \$.10 par value (SIP) 02/25/2							2019			A		3,812	2	A \$0		0 144,355(2)			D			
Common Stock, \$.10 par value																	25	5,963 <sup>(3)</sup>		D		
		Та										sed of, onvertib					wned					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Dat Security or Exercise (Month/Day/Year) if any			n Date,	4. Transa Code ( 8)	(Instr	of Derivative (Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			o. Date E Expiratio Month/D Date	on Dat Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)  Amou or Numb of Title Share		f g nstr. 3 nount umber	Deri Sec	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	, [C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

- 1. These securities were granted pursuant to the Company's 2010 Stock Incentive Plan ("SIP"). The initial grant was made on March 23, 2016, but was subject to the satisfaction of performance-based conditions established in connection with this grant. On February 25, 2019, the Company confirmed the satisfaction of the performance-based conditions established in connection with this grant, and the Reporting Person has voting rights and dividend entitlement with respect to these shares, but full ownership will not vest until the satisfaction of additional service-based conditions.
- 2. These securities were granted pursuant to the Company's 2010 SIP. The Reporting Person has voting rights and dividend entitlement with respect to these shares, but full ownership will not vest until the satisfaction of service-based conditions
- 3. A total of 1,120 of these shares were acquired through the Company's Employee Stock Purchase Plan in July 2018. Number of shares may vary due to dividend reinvestment.

## Remarks:

\*\* Signature of Reporting Person

02/26/2019

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.