## 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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEF	FICIAL OWNERSHIP

**OMB APPROVAL** OMB Number:

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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* FREEBOURN RICHARD						2. Issuer Name and Ticker or Trading Symbol BROWN & BROWN INC [ BRO ]									eck all app Dired	olicable) ctor	10%		Owner
(Last) (First) (Middle) 220 S RIDGEWWOD AVE				3. Date of Earliest Transaction (Month/Day/Year) 01/18/2011									X Officer (give title Other (specify below)  Vice President						
(Street) DATONA BEACH FL 32114					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St		(Zip)			_													
1. Title of Security (Instr. 3)  2. Trans: Date				2. Transa	ction ay/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 5)			5. Amount of Securities Beneficially Owned Following			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) o	r Pric	е	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
Common Stock, \$.10 par value 0				01/18/	01/18/2011						28,197	A	\$	0	28,197(1)		D		
Common Stock, \$.10 par value															52,6	521(2)		D	
Common Stock, \$.10 par value														18,495		95(3)(4)		D	
Common Stock, \$.10 par value															24,5	5 <b>93</b> <sup>(5)</sup>			401(k) Plan
Common Stock, \$.10 par value															1,250(6)		I		Co-Trustee of Irrevocable Trust
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Execution Date, if any			Transaction Code (Instr.		of		Exercion Da Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amoun or Numbe of Shares						

## **Explanation of Responses:**

- 1. These securities were granted pursuant to the Company's 2010 Stock Incentive Plan ("SIP"). Full ownership will not vest until the satisfaction of performance-based conditions established in connection with this grant.
- 2. Based on the satisfaction of conditions contained in the Company's Stock Performance Plan, Reporting Person has voting rights and dividend entitlements with respect to a portion of these shares, but full ownership will not vest until the satisfaction of additional conditions
- 3. Number of shares may reflect reinvested dividends.
- 4. Owned jointly with spouse
- 5. Based upon information supplied by the Plan's recordkeeper. Number of shares varies periodically based on contributions to plan.
- 6. The Reporting Person disclaims beneficial ownership of these securities and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of such securities for the purpose of Section 16 or for any other purpose.

LAUREL L. GRAMMIG FOR RICHARD FREEBOURN 01/20/2011 PER POWER OF ATTORNEY

\*\* 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.