Instruction 1(b)

FORM 5

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								
hours per response:	1.0							

Form 3	s Holaings Rep	ortea.											1					
Form 4	1 Transactions	Reported.	File	ed pursuant t or Sectio					urities Excha Company Ad		f 1934							
1. Name and Address of Reporting Person* PAULS DOUGLAS J				2. Issuer Name and Ticker or Trading Symbol BankUnited, Inc. [BKU]							Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) (First) (Middle) C/O BANKUNITED, INC. 14817 OAK LANE					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014								Officer (give title Other (specify below) below)					
(Street) MIAMI LAKES FL 33016				4. If Amei	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate) (Zip)															
		Tab	e I - Non-Deriv	ative Sec	uriti	es A	cquire	ed, D	Disposed	of, or E	Beneficia	lly Owne	d					
Date		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 Dispos Of (D) (Instr. 3, 4 and 5)			r Disposed	5. Amount of Securities Beneficially Owned at en		Owne y Form:		7. Nature of Indirect Beneficial Ownership			
			(memany 2 a)	(MOHUI/Day/Teal)		8)		ount	(A) or (D)	Price	Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)			
Common Stock, par value \$0.01 per share		08/27/2014				G	3,000		D	(1)	33,	,430		D				
Common Stock, par value \$0.01 per share												31,000		I	As co- trustee ⁽²⁾			
		Ta	able II - Deriva (e.g., p	tive Secu uts, calls								y Owned						
1. Title of Derivative Security (Instr. 3)	Conversion Date or Exercise (Month/Day/Year)		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	ransaction of Deriva) Secur Acqui (A) or Dispo of (D)		vative urities uired proceed b) tr. 3, 4			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. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)		
					(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares							
Common Stock Option (right to buy)	\$27						(3)		02/02/2021	Commor Stock, par value \$0.01 per share	181,399		181,3	99	D			
_																		

Explanation of Responses:

\$22.31

- $1.\ Bona$ fide gift by the Reporting Person for no consideration.
- 2. Shares held by the Pauls Family Foundation, for which Mr. Pauls serves as a co-trustee. The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein and the inclusion of these share in this report shall not be deemed an admission of beneficial ownership of these shares for Section 16 or for any other purpose.
- 3. Currently exercisable.

Remarks:

Stock

Option

(right to buy)

> /s/ Susan Greenfield, Attorney- 01/12/2015 in-Fact

** Signature of Reporting Person

33,333

Stock, par value \$0.01 per

share

12/16/2021

Date

33,333

D

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.