FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|
| | | _00.0 | |

| Check this box if no longer subject to | |
|--|--|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

| OMB APPR | ROVAL |
|----------------------|-----------|
| OMB Number: | 3235-0362 |
| Estimated average bu | ırden |
| hours per response: | 1.0 |

Form 3 Holdings Reported.

16(a) of the Co

| Form 4 | Transactions F | eported. | FII6 | or Section | | | | | ities Exchar ompany Act | | | | | | | | |
|---|---|--|---|--|----------------------------------|--|---------|---|----------------------------|-------------|--|--|---|--|------------------------------------|--|-----|
| 1. Name and Address of Reporting Person* KANAS JOHN ADAM | | | 2. Issuer Name and Ticker or Trading Symbol BankUnited, Inc. [BKU] | | | | | | | | | ck all app Direc | ionship of Repor all applicable) Director Officer (give titl | | 109 | o Issuer % Owner ner (specify | |
| (Last) (First) (Middle) C/O BANKUNITED, INC. 14817 OAK LANE | | | | 3. Stateme 12/31/20 | | Issuer's | s Fisca | al Year E | Ended (Mon | ith/Day/ | Year) | | belov | | | bel | ow) |
| (Street) MIAMI LAKES FL 33016 (City) (State) (Zip) | | | | 4. If Amen | dment | , Date o | of Orig | ginal File | d (Month/D | ay/Year | | i. Indiine) | Form | n filed by O | ne Re | porting P | |
| | | Tabl | e I - Non-Deriv | ative Sec | uritie | s Ac | quire | ed, Di | sposed o | of, or | Benefici | ally | / Owne | ed | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | ate, Transaction Code (Instr. | | | | | or Disposed | Securit Benefic | | ies cially | 6. Ownership Form: Direct (D) or | | 7. Nature of Indirect Beneficial Ownership | |
| | | | (| nonumbay/reary | | | Amour | nt | (A) or (D) | Price | Issuer's | | | Indirect (I) (Instr. 4) | | (Instr. 4) | |
| Common Stock, par value \$0.01 per share | | 01/31/2018 | | G | | G 59,8 | | ,823 | D | (1) | | 504,58 | | 4,587 | | As Co- Trustee ⁽²⁾ | |
| | | Та | ble II - Derivat (e.g., p | ive Secur uts, calls, | | | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | e Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) I Transaction Code (Instr. 8) Solution Date, if any (Month/Day/Year) I Transaction of Code (Instr. 8) Solution Date, if any (Month/Day/Year) | | of Deriv Secu Acqu (A) or Dispo | erivative curities equired (Moresposed (D) (D) (str. 3, 4 d 5) | | ate Exercisable and iration Date nth/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amou or Numb of Title Share: | | De Se | Price of erivative ecurity estr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | lly | 10. Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership ct (Instr. 4) | | |

Explanation of Responses:

- 1. Bona fide gift by the reporting person for no consideration.
- 2. Shares held by the John A. Kanas 2011 Revocable Trust for which Mr. Kanas 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 shares in this report shall not be deemed an admission of beneficial ownership of these shares for Section 16 or any other purpose.

Remarks:

/s/ Susan Greenfield, Attorney- 02/01/2019 in-Fact

** 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.