## Edgar Filing: WHITE MOUNTAINS INSURANCE GROUP LTD - Form 4

WHITE MOU Form 4 May 06, 2016		SURAN	CE GROUP L	.TD							
FORM	Л								OMB A	PPROVAL	
	➡ UNITE	D STAT		TIES AN ington, D			GE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or			OF CHANG	0	Expires: Estimated a burden hou response	•					
Form 5 obligations may contin <i>See</i> Instruc 1(b).	Section	7(a) of t		ity Holdi	ng Comp	any A	Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> BARRETTE RAYMOND JOSEPH RENE			H Symbol WHITE N	2. Issuer Name and Ticker or Trading Symbol WHITE MOUNTAINS INSURANCE GROUP LTD [WTM]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)		3. Date of Earliest Transaction				_X_ Director 10% Owner			
C/O WHITE INSURANCI MAIN STRE	E GROUP, 8		(Month/Day 05/05/201 H					X Officer (give below) Chief Executive	below)		
Filed(Month				dment, Date Original n/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
HANOVER,	NH 03755							Person		porting	
(City)	(State)	(Zip)	Table	I - Non-Dei	rivative Se	curiti	es Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common	05/05/001			Code V		(D)	Price \$		D		
Shares	05/05/2016			М	5,000	A	742	31,452 <u>(1)</u>	D		
Common Shares								14,778	Ι	By Grantor Retained Annuity Trust	
Common Shares (restricted)								5,000	D		

## Edgar Filing: WHITE MOUNTAINS INSURANCE GROUP LTD - Form 4

Common Shares						6,106	I	By IRA	
Common Shares						707 (2)	Ι	By 401(	k)
Reminder: Report on a separate line for each class of securities benefici				cially owned directly or indirectly. 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 control number.				SEC 1474 (9-02)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned         (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	of Derivative Expiration Date (Month/Day/Year) Acquired A) or Disposed of D) Instr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Share Options	\$ 742	05/05/2016		М	5,000	(3)	01/20/2017	Common Shares	5,000

## **Reporting Owners**

	Relationships						
<b>Reporting Owner Name / Address</b>	Director 10% Owner	Officer	Other				
BARRETTE RAYMOND JOSEPH RENE C/O WHITE MOUNTAINS INSURANCE GROUP 80 SOUTH MAIN STREET HANOVER, NH 03755	Х	Chief Executive Officer	Chairman of the Board				
Signatures							
Jason R. Lichtenstein, by Power of Attorney	05/06/2016						
Signature of Reporting Person	Date						

## **Explanation of Responses:**

- \* 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).
- (1) Includes shares held in accounts jointly owned by the Reporting Person and his spouse.

Since the date of Reporting Person's last filing, he acquired 1 share of WTM Common Shares under the company 401(k) plan. WTM(2) Common Shares are purchased at fair market value on the date of purchase. The information in this report is based on a plan statement dated as of April 29, 2016.

(3) All of the options are fully vested and exercisable.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.