Edgar Filing: WHITE MOUNTAINS INSURANCE GROUP LTD - Form 4

WHITE MOU Form 4 April 26, 2016	INTAINS INSU	JRANCE	GROUP L	.TD						
•									OMB A	PPROVAL
FORM	4 UNITED	STATES					GE C	COMMISSION	OMB Number:	3235-0287
Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL of SECURITIESForm 4 or Form 5 obligations may continue.Statement of the securities excl Section 16(a) of the Securities excl Section 16(a) of the Securities excl 					change Act of	WNERSHIP OF mge Act of 1934, of 1935 or Section				
(Print or Type Re	esponses)									
	dress of Reporting RAYMOND JO	-	2. Issuer N Symbol WHITE N INSURAI		AINS		TM]	5. Relationship of Issuer (Check	Reporting Pers	
	MOUNTAINS E GROUP, 80 S		3. Date of E (Month/Day 04/04/201	/Year)	asaction			_X_ Director _X_ Officer (give below) Chief Executive	title X Oth below)	
HANOVER,	(Street)		4. If Amend Filed(Month		Original			6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M	One Reporting Pe	erson
		(7.)						Person		
(City)	(State)	(Zip)	Table 1	I - Non-Dei	rivative Se	ecuritio	es Acq	uired, Disposed of	, or Beneficial	ly Owned
(Instr. 3) any		eemed tion Date, if h/Day/Year)	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)			
				Code V	Amount	(D)	Price	(1150. 5 and 4)		By Grantor
Common Shares	04/04/2016			G	2,035	D	\$0	14,778 <u>(1)</u>	I	Retained Annuity Trust
Common Shares	04/26/2016			А	5,000 (2)	А	<u>(2)</u>	26,352 <u>(1)</u> <u>(3)</u>	D	
Common Shares (restricted)								5,000	D	

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Common Shares	6,106	Ι	By IRA
Common Shares	706 <u>(4)</u>	Ι	By 401(k)

Reminder: Report on a separate line for each class of securities beneficially 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.

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. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Title and A Underlying S (Instr. 3 and	Securities	8. Pr Deri Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common Share Options	\$ 742					(5)	01/20/2017	Common Shares	125,000	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BARRETTE RAYMOND JOSEPH RENE C/O WHITE MOUNTAINS INSURANCE GROUP 80 SOUTH MAIN STREET HANOVER, NH 03755	X		Chief Executive Officer	Chairman of the Board			
Signatures							
Jason R. Lichtenstein, by Power of Attorney		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) Total also reflects change in form of ownership from indirect (GRAT) to direct ownership of 5,162 Common Shares since the Reporting Person's last filed report.
- (2) Common Shares issued by the Company to the Reporting Person in settlement of performance share award.
- (3) Includes shares held in accounts jointly owned by the Reporting Person and his spouse.

Since the date of the Reporting Person's last filing, he acquired 9 Common Shares under the company 401(k) plan. Under the plan,(4) 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 13, 2016.

(5) All of the options are fully vested and exerciseable.

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.