## Edgar Filing: Cain Michael - Form 4/A

Cain Michael											
Form 4/A November 22	2 2017										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	PPROVAL 3235-0287 January 31	
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									2005 average ırs per		
(Print or Type R	lesponses)										
1. Name and A Cain Michae	2. Issuer Name <b>and</b> Ticker or Trading Symbol ASPEN INSURANCE HOLDINGS LTD [AHL]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) ASPEN INS LIMITED, 1	3. Date of Earliest Transaction (Month/Day/Year) 02/08/2017					Director       10% Owner         Officer (give title below)       Other (specify below)         CEO, ABL & Group GC					
				ndment, Dat th/Day/Year) )17	-			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
								Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	ity (Month/Day/Year) Execution Date, if		Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	(A) o of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Ordinary Shares	02/08/2017			А	341 <u>(1)</u>		<u>(2)</u>	53,223	D		

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)

3. Transaction Date 3A. Deemed

(Month/Day/Year)

		Disp of (D (Insti 4, an	)) r. 3,				
Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

5.

of

Derivative

Securities

Acquired

(A) or

TransactionNumber

6. Date Exercisable and

Expiration Date

(Month/Day/Year)

7. Title and

Amount of

Underlying

(Instr. 3 and 4)

Securities

8. Price of

Derivative

Security

(Instr. 5)

9. Nt

Deriv

Secu

Bene

Own

Follo

Repo Trans (Insti

## **Reporting Owners**

1. Title of

Security

(Instr. 3)

Derivative

2.

Conversion

or Exercise

Derivative

Price of

Security

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Cain Michael ASPEN INSURANCE HOLDINGS LIMITED 141 FRONT STREET HAMILTON, D0 HM19			CEO, ABL & Group GC				
Signatures							
/s/Silvia Martinez as Attorney-in-fact for Michae Cain.	el	11/22/201	17				
**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).

The Reporting Person's Form 4 filed on February 10, 2017 erroneously reported that 341 ordinary shares were withheld from the Reporting Person in order to satisfy tax liability upon the previously granted restricted share units (2016 Grant and 2015 Part Bonus)

- (1) when in fact no ordinary shares were withheld. As a result, the reported amount of ordinary shares beneficially owned by the Reporting Person on Forms 4 on and after February 10, 2017 was erroneously reduced by 341 ordinary shares.
- (2) Ordinary shares acquired upon mandatory conversion of previously granted Restricted Share Units.

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.

## Edgar Filing: Cain Michael - Form 4/A

any

Execution Date, if

(Month/Day/Year)

4.

Code

(Instr. 8)