#### ARCH CAPITAL GROUP LTD.

Form 4

November 30, 2006

<b>FORM</b>	ПЛ								OMB AF	PPROVAL		
I Oni	UNITED S	STATES					NGE C	OMMISSION	OMB	3235-0287		
Check th	nis hox		Was	hington,	D.C. 20	549			Number:			
if no lon	an ar		E CHAN	CEC IN I	DISNUSIS	CTA	LOWA	JEDCHID OF	Expires:	January 31 2005		
subject to Section 1 Form 4 o	F CHAN	GES IN I SECUR		ICIA	L OWI	NERSHIP OF	Estimated average burden hours per response 0.					
Form 5 obligation may con See Instruction 1(b).	ons section 17(a	) of the	Public Ut		ling Con	npany	Act of	e Act of 1934, 1935 or Section 0	1			
(Print or Type	Responses)											
1. Name and A JONES RA	Address of Reporting F LPH E III	Person *	Symbol ARCH (	Name and				5. Relationship of Issuer (Check	Reporting Pers			
			[ACGL]					`	••	,		
(Last) (First) (Middle)  C/O ARCH INSURANCE GROUP			3. Date of Earliest Transaction (Month/Day/Year) 11/28/2006					Director 10% OwnerX Officer (give title Other (specify below)  Chairman & CEO Arch Insur Gr				
	LIBERTY PLAZ		11/20/20	<i>,</i>				Chairman &	c CEO Arch In	sur Gr		
,	(Street)			ndment, Da	_	1		6. Individual or Jos Applicable Line)	int/Group Filin	g(Check		
NEW YOR	K, NY 10006		11100(11201	2 ujr 1 cu.)				_X_ Form filed by O Form filed by M Person				
(City)	(State)	Zip)	Table	e I - Non-D	erivative	Secur	ities Acqı	uired, Disposed of	or Beneficial	ly Owned		
(Instr. 3) any			ned 3. 4. Securities Acquired n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)  Day/Year) (Instr. 8)  (A) or					5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Shares,				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
\$.01 par value per share								166	I	By spouse		
Common Shares, \$.01 par value per share	11/28/2006			S	300	D	\$ 69.79	3,600	D			
Jiluit	11/28/2006			S	400	D	\$ 69.8	3,200	D			

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Common Shares, \$.01 par value per share							
Common Shares, \$.01 par value per share	11/28/2006	S	600	D	\$ 69.81	2,600	D
Common Shares, \$.01 par value per share	11/28/2006	S	896	D	\$ 69.82	1,704	D
Common Shares, \$.01 par value per share	11/28/2006	S	506	D	\$ 69.84	1,198	D
Common Shares, \$.01 par value per share	11/28/2006	S	600	D	\$ 69.85	598	D
Common Shares, \$.01 par value per share	11/28/2006	S	298	D	\$ 69.86	300	D
Common Shares, \$.01 par value per share	11/28/2006	S	200	D	\$ 69.89	100	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.

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration Date	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/Year)	Underlying	Security	Secui

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8	8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Secur (Instr	ities . 3 and 4)	(Instr. 5)
			Code	V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

JONES RALPH E III C/O ARCH INSURANCE GROUP INC. ONE LIBERTY PLAZA NEW YORK, NY 10006

Chairman & CEO Arch Insur Gr

Bene Own Follo Repo Trans (Instr

### **Signatures**

/s/ Ralph E. Jones III 11/30/2006

\*\*Signature of Date
Reporting Person

# **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).

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.

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