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WEHR JAMES	S D											
Form 4												
April 02, 2019	л									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287		
Check this b if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instructi 1(b).	STAT Filed p e. Section	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						Expires: January 31, 2005 Estimated average burden hours per response 0.5				
(Print or Type Resp	ponses)											
1. Name and Address of Reporting Person <u>*</u> WEHR JAMES D			Sym						5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middl	e) 3. Da	3. Date of Earliest Transaction (Chec				(Check	k all applicable)			
GROUP, INC.	C/O GLOBAL INDEMNITY GROUP, INC., 3 BALA PLAZA EAST, SUITE 300			03/31/2019 -					_X_ Director Officer (give t below)		Owner r (specify	
	(Street)			Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
BALA CYNW	YD, PA 19	004							Person	ore than One Rej	porting	
(City)	(State)	(Zip)		Table I	- Non-Deri	vative Sec	curitie	es Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transactic (Month/Day		2A. Deemed Execution I any (Month/Day	Date, if	3. Transactic Code (Instr. 8)	(Instr. 3,	ispose 4 and (A) or	d of (D) 5)) 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)	
CLASS A ORDINARY SHARES	03/31/201	9			Code V	1,235 (1)	(D) A	Price \$ 30.38	1 5 1 1	Ι	See Footnote (2)	
CLASS A ORDINARY SHARES									3,040	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Amou Unde Secur	le and unt of rlying ities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners									
Reporting Owner Name / Address			Relation	onships							
		Director	10% Owr	ner Offic	cer Other						
3 BALA	BAL INDE	EMNITY GROUP ST, SUITE 300 PA 19004	, INC. X								
Signa	tures										
/s/Stephe	en W. Ries		04/02/2010								

/s/Stephen W. Ries	04/02/2019
Attorney-in-fact	04/02/2019

<u>**</u>Signature of 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).

Date

Represents a grant from the Issuer's share incentive plan of 288 vested A ordinary shares awarded in recognition of service rendered as a(1) Board member of Global Indemnity Limited, and 947 vested restricted A ordinary shares awarded in recognition of services rendered as a Board member of Global Indemnity Group, Inc., an indirect, wholly-owned subsidiary of the Issuer.

(2) Mr. Wehr receives payment for his services as a Director via Golden Eye Advisors, LLC. Mr. Wehr is the sole member of Golden Eye Advisors, LLC.

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.