Global Indemnity plc Form 4 March 10, 2015

#### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** 3235-0287 Number: January 31,

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Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b).

(Last)

(City)

Shares

(Print or Type Responses)

1. Name and Address of Reporting Person \* Scott Matthew B

(Middle)

(Zip)

5. Relationship of Reporting Person(s) to Issuer

Symbol

Global Indemnity plc [GBLI]

2. Issuer Name and Ticker or Trading

(Check all applicable)

C/O GLOBAL INDEMNITY

(Street)

(State)

(First)

GROUP, INC., 3 BALA PLAZA EAST, SUITE 300

3. Date of Earliest Transaction

(Month/Day/Year) 03/06/2015

Director 10% Owner X\_ Officer (give title \_X\_ Other (specify

below) below) Chief Marketing Officer / Global Indemnity

Group

4. If Amendment, Date Original 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

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

BALA CYNWYD, PA 19004

						_	·		-
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired action(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(mourty)	(11311)
Class A Ordinary	03/06/2015		A	4,406 (1)	A	\$ 28.37	29,381	D	

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration Date		Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. :	3 and 4)		Owne
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or		
						Exercisable	ble Date	Title Number			
				~					of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Scott Matthew B

C/O GLOBAL INDEMNITY GROUP,
INC.
Officer
Global Indemnity
Group

3 BALA PLAZA EAST, SUITE 300 BALA CYNWYD, PA 19004

## **Signatures**

/s/Stephen W. Ries Attorney-in-fact 03/10/2015

\*\*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).

Represents restricted A ordinary shares that vest as follows: 50% of the shares vest pro ratably over three years on January 1, 2016,
January 1, 2017 and January 1, 2018. 50% of the shares vest after a re-measurement of the 2014 GAAP accident year combined ratio, excluding corporate expenses, three years after the grant. The shares vest if the re-measured GAAP accident year combined ratio is not greater than the original 2014 GAAP accident year combined ratio.

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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