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WATERS AL Form 4	LAN LEWIS										
February 24, 2	2012										
FORM	4		GECUDI			TT A NT	CE C			PPROVAL	
Washington, D.C. 20549								COMMISSION	OMB Number:	3235-0287	
Check this box 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							Expires: January 31, 2005 Estimated average burden hours per response 0.5 n				
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> WATERS ALLAN LEWIS			2. Issuer Name and Ticker or Trading Symbol WHITE MOUNTAINS INSURANCE GROUP LTD [WTM]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O WHITE MOUNTAINS INSURANCE GROUP, LTD, 80 SOUTH MAIN STREET			3. Date of Earliest Transaction (Month/Day/Year) 02/22/2012					X Director 10% Owner X Officer (give title Other (specify below) CEO - Sirius Int'l Ins. Group			
(Street) 4. If Amena Filed(Month HANOVER, NH 03755				dment, Date Original h/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			
(City)	(State)	(Zip)	Table	[- Non-De	rivative Se	ouriti	es A ca		or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Execu any	eemed	3. Transactio Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	ties l (A) or l of (D) 4 and 2 (A) or	r)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	ties Form: Direct Ind cially (D) or Be d Indirect (I) Ov ving (Instr. 4) (In ted action(s)		
Common Shares (restricted)	02/22/2012			Code V A	Amount 1,485 (1)	(D) A	Price \$ 0	4,360	D		
Common Shares	02/22/2012			А	6,122 (2)	А	\$0	12,494	D		
Common Shares								300	Ι	By IRA	
Common Shares								120	I	by children	

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercise	able and	7. Title a	ınd	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Date	9	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/Ye	ear)	Underlyi	ing	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	2S	(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)						
								Δ	mount		
						Date E	Expiration	or Title Numb of			
						Exercisable I	Date				
				Code V	(A) (D)				hares		
				Coue V	(\mathbf{A}) (\mathbf{D})			51	nares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
r g a transmission and	Director	10% Owner	Officer	Other			
WATERS ALLAN LEWIS C/O WHITE MOUNTAINS INSURANCE GROU LTD 80 SOUTH MAIN STREET HANOVER, NH 03755	UP, X		CEO - Sirius Int'l Ins. Group				
Signatures							
Jason R. Lichtenstein, by Power of Attorney	02/24/2012						
**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) On February 22, 2012, the Reporting Person received a restricted share award of 1,485 Common Shares. The restricted shares vest on January 1, 2015.
- (2) Shares issued by the Company to the Reporting Person in settlement of performance share award.

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.