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WHITE MOUNTAINS INSURANCE GROUP LTD

Form 4

Common

Shares

11/03/2015

November 05, 2015

FORM 4	UNITED STA	OMB AF	PROVAL					
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	Filed pursuant Section 17(a) of 3	Number: Expires: Estimated a burden hour response						
	onses) ss of Reporting Person AYMOND JOSEP		TAINS		5. Relationship of I Issuer (Check	Reporting Pers		
C/O WHITE MO	ROUP, 80 SOUT	(Month/Day/Year) 02/23/2015	ransaction		X Director 10% OwnerX Officer (give titleX Other (specify below) below) Chief Executive Officer / Chairman of the Board			
	(Street)	4. If Amendment, D Filed(Month/Day/Yea	_		6. Individual or Joi Applicable Line) _X_ Form filed by O	ne Reporting Per	rson	
HANOVER, NE					Form filed by Mo Person	ore than One Rej	porung	
(City)	(State) (Zip)	Table I - Non-	Derivative So	ecurities Acq	uired, Disposed of,	or Beneficiall	y Owned	
	any	eution Date, if Transacti Code nth/Day/Year) (Instr. 8)		osed 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)	
Common Shares 08/	14/2015	G	1,816 I		13,760 (1)	I	By Grantor Retained Annuity Trust	
Common O2/2	23/2015	G	2,100 I) \$0	31,405 (3) (1)	D (4)		

S

100

D \$ 31,305

D

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Common Shares	11/03/2015	S	100	D	\$ 775.32	31,205	D	
Common Shares	11/03/2015	S	200	D	\$ 775.63	31,005	D	
Common Shares	11/03/2015	S	100	D	\$ 781.4	30,905	D	
Common Shares	11/03/2015	S	65	D	\$ 782.31	30,840	D	
Common Shares	11/03/2015	S	35	D	\$ 786.13	30,805	D	
Common Shares						6,106	I	By IRA
Common Shares						676 <u>(5)</u>	I	By 401(k)

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. onNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Pate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Pr Deri Secu (Inst
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common Share Options	\$ 742				<u>(6)</u>	01/20/2017	Common Shares	125,000	

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	

Reporting Owners 2

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BARRETTE RAYMOND JOSEPH RENE C/O WHITE MOUNTAINS INSURANCE GROUP 80 SOUTH MAIN STREET HANOVER, NH 03755

Chief Executive Officer Chairman of the Board

Signatures

Jason R. Lichtenstein, by Power of Attorney

11/05/2015

X

**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) Total also reflects change in form of ownership from indirect (GRATs) to direct ownership of 6,109 WTM Common Shares since the Reporting Person's last filed report.
- (2) Reflects bona fide gifts made on three separate dates in February, August and October.
- (3) On January 21, 2015, 5,000 restricted WTM Common Shares became unrestricted and are now reported as directly owned by the Reporting Person.
- (4) Includes shares held in accounts jointly owned by the Reporting Person and his spouse.
 - Reflects accumulation of 45 WTM Common Shares in Reporting Person's Company 401(k) account since his last filed report. WTM
- (5) Common Shares are purchased at fair market value on the date of purchase. The information in this report is based on a plan statement dated as of October 31, 2015.
- (6) All of the options are fully vested and exerciseable.

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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