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WHITE MOUNTAINS INSURANCE GROUP LTD

Form 5

February 12, 2016

redition 12,	2010									
FORM	1 5							OMB A	PPROVAL	
	OMB Number:	3235-0362								
Check this no longer		7	Washington, D.C. 20549					Expires:	January 31, 2005	
to Section Form 4 or 5 obligatio may contin	Form ANN ons nue.		ATEMENT OF CHANGES IN BEN OWNERSHIP OF SECURITIES				EFICIAL	Estimated a burden hou response	average ırs per	
See Instruction 1(b). Form 3 Ho Reported Form 4 Transactio Reported	Filed purs			ng Compa	any A	ct of	1935 or Section	on		
	ddress of Reporting F E RAYMOND JO	SEPH Symb	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)			
KENE										
(Last)	(Month/Day/Year) 12/31/2015					_X_ Director 10% Owner X_ Officer (give titleX_ Other (specify below) below) Chief Executive Officer / Chairman of the				
INSURANC	E MOUNTAINS CE GROUP, LTD AIN STREET	, 80						Board		
(Street) 4. If Amendment, Date Ori Filed(Month/Day/Year)				Original		6. Individual or Joint/Group Reporting (check applicable line)				
							(Clied	ск аррпсавіе ппе)	
HANOVER	, NH 03755						_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person			
(City)	(State)	(Zip)	able I - Non-De	rivative Se	curitie	s Acqu	ired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	nsaction Date 2A. Deemed h/Day/Year) Execution Date any (Month/Day/Ye		4. Secur Acquired Disposed (Instr. 3,	d (A) of (D) 4 and (A)))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Amount	or (D)	Price	(Instr. 3 and 4)			
Common Shares	12/30/2015	Â	G	500	D	\$0	16,190 (1)	D	Â	
Common Shares	Â	Â	Â	Â	Â	Â	21,975 (1)	I	By Grantor Retained Annuity Trust	
	Â	Â	Â	Â	Â	Â	6,106	I	by IRA	

Common Shares

Common \hat{A} \hat{A}

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

Persons who respond to the collection of information SEC 2270 contained in this form are not required to respond unless (9-02) 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 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. Transaction Code (Instr. 8)	5. 6. Date Exercisable and Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		7. Title and A Underlying S (Instr. 3 and	Securities	
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Share Options	\$ 742	Â	Â	Â	Â	(2)	01/20/2017	Common Shares	125,000

Reporting Owners

Relationships Reporting Owner Name / Address 10% Officer Other Director Owner BARRETTE RAYMOND JOSEPH RENE C/O WHITE MOUNTAINS INSURANCE Chief Executive Chairman of the ÂΧ Â GROUP, LTD Officer **Board 80 SOUTH MAIN STREET** HANOVER, NHÂ 03755

Signatures

Jason R. Lichtenstein, by Power of Attorney 02/12/2016

**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).

Reporting Owners 2

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- (1) Amount reflects net WTM share transfers between Reporting Person and Grantor Retained Annuity Trusts in November and December 2015 (change in form of ownership).
- (2) All the options are vested and immediately exerciseable.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.