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WHITE MOUNTAINS INSURANCE GROUP LTD

Form 3

March 04, 2016

FORM 3

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

OMB Number:

3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31,

OMB APPROVAL

2005

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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

(Print or Type Responses)

1. Name and Address of Reporting Person * Linker David			2. Date of Event Requiring Statement (Month/Day/Year) 02/25/2016	WHITE MOUNTAINS INSURANCE GROUP LTD [WTM]				
(Last) (First) (Middle) C/O WHITE MOUNTAINS INSURANCE GROUP, LTD, 80 SOUTH MAIN ST. (Street) HANOVER, NH 03755				4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner _X_ Officer Other (give title below) (specify below) Chief Investment Officer		Owner	 5. 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 	
(City)	(State)	(Zip)	Table I - N	Non-Deriva	tive Securiti	es Bei	neficially Owned	
1.Title of Secu (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	•	
Common Sh	nares (resti	ricted)	4,250 <u>(1)</u>		D	Â		
Common Sh	nares		763		D	Â		
Common Sh	nares		15		I	by 40	01(k)	
Reminder: Repowned directly			ach class of securities benefic	ially S	SEC 1473 (7-02	2)		
	Perse infor	ons who res	spond to the collection of tained in this form are not ond unless the form displ	t				

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

currently valid OMB control number.

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1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	

Reporting Owners

Reporting Owner Name / Address	Relationships				
The state of the s	Director	10% Owner	Officer	Other	
Linker David C/O WHITE MOUNTAINS INSURANCE GROUP, LTD 80 SOUTH MAIN ST. HANOVER, NH 03755	Â	Â	Chief Investment Officer	Â	

Signatures

Wesley Bell by Power of Attorney 03/04/2016

**Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) 1,500 restricted shares awarded on February 25, 2016 vest on January 1, 2019. 1,725 restricted shares awarded on February 25, 2015 vest on January 1, 2018. 1,025 restricted shares awarded on February 26, 2014 vest on January 1, 2017.

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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