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WHITE MOUNTAINS INSURANCE GROUP LTD

Form 4 May 27, 2016

Shares

May 27, 201									OM	B APPROVAL		
FORM	14 _{UNITED}	STATES	SECUE	RITIES A	ND EX	COMMISSIO						
Cl. 1.4			shington,			Number						
Check the if no lon subject to Section Form 4 con Form 5	ger o 16. or		SECUR	RITIES			WNERSHIP O	Estimat burden respons	ed average hours per			
Form 5 obligations may continue. See Instruction 1(b). 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)											
Frinquelli Angelo Michael Syn				r Name and MOUN	ΓAINS			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
		INSUR.	ANCE G	ROUP L	TD [WTM	1]					
(N				f Earliest Ti Oay/Year) 016	ransaction			X Director 10% Owner Officer (give title Other (specify below)				
(Street) 4.				ndment, Da	ate Origina	.1		6. Individual or Joint/Group Filing(Check				
HANOVER, NH 03755				nth/Day/Year	r)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
(City)		(Zip)						Person				
							rities A	cquired, Disposed				
1.Title of Security (Instr. 3)	(Month/Day/Year) Execution Date, if		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price				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	05/25/2016			A	250 (1)		\$0	1,391	D			
Common Shares								700	I	by children's trusts		
Common Shares								100	I	by wife		
Common								300	I	Ву		

Renaissance

Fund

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Advisors Inc.

(9-02)

(2)

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

Persons who respond to the collection of **SEC 1474** 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)

Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)			5. onNumber	6. Date Exerc Expiration D	ate	7. Titl	nt of	8. Price of Derivative	9. Nu Deriv
Security	or Exercise		any	Code	of	(Month/Day/	(Year)	Under	, ,	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)				Secur		(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	Title	Or		
						Exercisable Date	Date	Title	Number		
				Code V	(A) (D)				of Charac		
				Code v	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

Frinquelli Angelo Michael C/O WHITE MOUNTAINS INSURANCE GROUP, LTD 80 SOUTH MAIN STREET HANOVER, NH 03755



Signatures

Jason R. Lichtenstein, by Power of 05/27/2016 Attorney

> **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) Annual Director Share Award
- Reporting Person is the controlling shareholder of Renaissance Fund Advisors Inc. and disclaims beneficial ownership of the WTM Common Shares held by Renaissance Fund Advisors Inc. except to the extent of his pecuniary interest therein.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Reporting Owners 2

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