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Global Indemni	ity Ltd									
Form 4										
April 03, 2017	_									PROVAL
FORM	4 UNITEI	O STATES		TIES ANI ngton, D			GE CO	MMISSION	OMB OMB Number:	3235-0287
Check this b if no longer subject to		MENT O	F CHANGI	ES IN BE	ENEFIC		OWNE	ERSHIP OF	Expires: Estimated a	January 31, 2005 verage
Section 16. Form 4 or			S	ECURIT	TES				burden hour	rs per
Form 4 or Form 5 obligations may continu <i>See</i> Instructi 1(b).	e. Section 17	7(a) of the 1		ty Holdin	g Compa	any A	Act of 1	Act of 1934, 935 or Section	response	0.5
(Print or Type Resp	ponses)									
1. Name and Adda Lederman bruc		ng Person <u>*</u>	2. Issuer Na Symbol Global Ind			U		Relationship of I suer		
(Last)	(First)	(Middle)	3. Date of Ea	•	-	1		(Check	all applicable)
C/O GLOBAL BALA PLAZA			(Month/Day/ 03/31/2017				_	_X Director Officer (give the elow)		Owner r (specify
	(Street)		4. If Amendr	nent, Date (Original		6.	Individual or Joi	nt/Group Filin	g(Check
	WD DA 100	0.4	Filed(Month/I	Day/Year)				pplicable Line) K_ Form filed by Or _ Form filed by Mo		
BALA CYNW	YD, PA 190	104					Pe	erson		
(City)	(State)	(Zip)	Table I	- Non-Deri	ivative Se	curitie	es Acquir	ed, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	Year) Exect any	eemed ation Date, if th/Day/Year)	3. Transactio Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose 4 and	d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
CALSS A ORDINARY SHARES	03/31/2017			А	661 <u>(1)</u>	А	\$ 38.49	7,819	D	

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 Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	Securities Acquired (A) or Disposed of (D)		Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code	(Instr. 3, 4, and 5) V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Lederman bruce r C/O GLOBAL INDEMNITY PLC 3 BALA PLAZA EAST, SUITE 300 BALA CYNWYD, PA 19004	Х				
Signatures					
/s/Stephen W. Ries Attorney-in-fact	04/03/	2017			
<u>**</u> Signature of Reporting Person	Date	e			
Explanation of Responses:					

Explanation of nesponses.

- * 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).

Represents the grant of 270 shares of restricted A ordinary shares under the Issuer's Share Incentive Plan that vest on the 24 month anniversary of the award in recognition of service rendered as a Board member to Global Indemnity Limited, and 391 shares of restricted (1)

A ordinary shares under the Issuer's Share Incentive Plan that vest on the 24 month anniversary of the award in recognition of service rendered as a Board member to Global Indemnity Group, Inc., an indirect wholly-owned subsidiary of the Issuer.

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.