Edgar Filing: Beer Albert - Form 4

| Form 4 | | | | | | | | | | | |
|--|--|--|---|--------------------------|---|---|---|--|---|---|--|
| February 15, 2 FORM Check this | 4 UNITEI | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | |
| if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instruct 1(b). | Filed pu ue. Section 17 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 | | | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | |
| (Print or Type Res | sponses) | | | | | | | | | | |
| 1. Name and Add Beer Albert | 2. Issuer Name and Ticker or Trading Symbol ASPEN INSURANCE HOLDINGS LTD [AHL] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| (Last) (First) (Middle) ASPEN INSURANCE HOLDINGS LIMITED, 141 FRONT STREET | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2019 | | | | | X_ Director10% Owner Officer (give titleOther (specify below) below) | | | |
| Filed(Mo | | | mendment, Date Original Ionth/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 | | | | |
| HAMILTON, | | (Zin) | | | | | | Person | | | |
| | (State) . Transaction Da Month/Day/Year | Execution any | ned | 3. Transactic Code | 4. Securiti or(A) or Dis (Instr. 3, 4 Amount | ies Ac | quired of (D) | uired, Disposed of 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 | |
| Ordinary 0 Shares 0 | 2/15/2019 | | | D(1) | 22,840 (2) | (D) D | \$ 42.75 | 0 | 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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|------------------------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|------------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Beer Albert ASPEN INSURANCE HOLDINGS LIMITED 141 FRONT STREET HAMILTON, D0 HM19 | Х | | | | | |
| Signatures | | | | | | |
| /s/Silvia Martinez as Attorney-in-fact for Albert Beer | | 02/15/2019 |) | | | |
| ** 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).
- This Form 4 is being filed as a result of the closing on February 15, 2019 of the merger (the "Merger") as described in the Agreement and
 (1) Plan of Merger, dated as of August 27, 2018 (the "Merger Agreement") among Aspen Insurance Holdings Limited (the "Issuer"), Highlands Holdings, Ltd., and Highlands Merger Sub, Ltd.
- (2) At the effective time of the Merger, each outstanding ordinary share of the Issuer was converted into a right to receive a cash payment of \$42.75 without any interest and less any applicable withholding tax.

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.