Edgar Filing: Global Indemnity Ltd - Form 4

| Global Inden | nnity Ltd | | | | | | | | | | |
|---|---|----------|--------------------------------------|---|-----------|---|---|---|-----------------|--------------|--|
| Form 4 | 017 | | | | | | | | | | |
| January 04, 2017 | | | | | | | | | | OMB APPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. 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 20(b) of the Investment Company Act of 1940 | | | | | | | Expires:January 31, 2005Estimated average burden hours per response0.5 | | | | |
| See Instru 1(b). | iction | 20(11) 0 |)1 the m | , countent | compu | 19 1 10 | | | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| Scott Matthew B Symbol | | | | r Name and Ticker or Trading Indemnity Ltd [GBLI] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) (N | Middle) | 3. Date of Earliest Transaction (Che | | | | | k all applicable) | | | |
| C/O GLOBAL INDEMNITY GROUP, INC., 3 BALA PLAZA EAST, SUITE 300 | | | | - | | | | Director 10% Owner X Officer (give titleX Other (specify below) below) Chief Marketing Officer / Global Indemnity Group | | | |
| (Street) 4. If Ame | | | ndment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | | |
| Filed(Mon BALA CYNWYD, PA 19004 | | | | nth/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| | | | | | | | | Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | rities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | 3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Class A Ordinary Shares | 01/01/2017 | | | F | 1,081 | D | \$ 38.21 | 22,708 | 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 | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exer | cisable and | 7. Titl | e and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|------------|---------------------|--------------|-------------|---------|----------|-------------|---------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | onNumber | Expiration D | Date | Amou | int of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day | /Year) | Under | lying | Security | Secu |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivativ | e | | Securi | ities | (Instr. 5) | Bene |
| . , | Derivative | | | . , | Securities | 3 | | (Instr. | 3 and 4) | | Owne |
| | Security | | | | Acquired | | | | | | Follo |
| | | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | (1115ti |
| | | | | | (insu: 5, 4, and 5) | | | | | | |
| | | | | | i, unu <i>5)</i> | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | Expiration | | or | | |
| | | | | | | Exercisable | - | Title | Number | | |
| | | | | | | Exercisable | Date | | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Rono | rtina O | wnore | | | | | | | | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|----------------------------|---------------------------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Scott Matthew B C/O GLOBAL INDEMNITY GROUP, INC. 3 BALA PLAZA EAST, SUITE 300 BALA CYNWYD, PA 19004 | | | Chief Marketing Officer | Global Indemnity Group | | | |
| Signatures | | | | | | | |

/s/Stephen W. Ries Attorney-in-fact

01/04/2017

Date

<u>**</u>Signature of Reporting Person

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).

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.