Edgar Filing: Lederman bruce r - Form 4

Lederman bruc	e r									
Form 4										
April 02, 2019										
FORM	4								OMB AF	PROVAL
	• UNITI	ED STATES		ITES AN ngton, D			E CO	MMISSION	OMB Number:	3235-0287
Check this b	ox			-8, -					Expires:	January 31,
if no longer subject to	STAT	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated average		
Section 16.			S	ECURIT	TIES				burden hour	•
Form 4 or									response	0.5
Form 5 obligations		pursuant to					•			
may continu	e. Section			•	•	•		935 or Section		
See Instructi		30(h)) of the Inve	stment C	ompany	Act of	1940			
1(b).										
(Print or Type Res	ponses)									
()	F									
1. Name and Add	ress of Report	ting Person [*]	2. Issuer N	ame and Ti	icker or Tr	ading	5.	Relationship of I	Reporting Pers	on(s) to
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Re Lederman bruce r Symbol					suer					
			Global Indemnity Ltd [GBLI]					ook all applicable)		
			3. Date of Ea	3. Date of Earliest Transaction (Check all applicable))	
. ,		. ,	(Month/Day					X Director	10%	Owner
C/O GLOBAL	INDEMN	ITY PLC, 3	-					Officer (give t		r (specify
BALA PLAZA	A EAST, SU	UITE 300					be	elow)	below)	
	(Street)		4. If Amendi	nent, Date	Original		6.	Individual or Joi	nt/Group Filin	g(Check
Filed(Month/Day/Year)						A	Applicable Line)			
							7	K Form filed by On Form filed by Mo		
BALA CYNW	YD, PA 19	9004					Pe	erson		porting
(City)	(State)	(Zip)	Table I	- Non-Der	ivative Se	curities	Acauir	ed, Disposed of,	or Beneficial	v Owned
1.Title of	2 Transacti	on Date 2A. I		3.	4. Securi		-	5. Amount of	6.	7. Nature of
Security	(Month/Day		ution Date, if		on(A) or D			Securities	0. Ownership	Indirect
(Instr. 3)	` ·	any	,	Code	(Instr. 3,	-		Beneficially	Form:	Beneficial
		(Mor	nth/Day/Year)	(Instr. 8)				Owned Following	Direct (D) or Indirect	Ownership
								Reported	(I)	(Instr. 4)
						(A)		Transaction(s)	(Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
CLASS A										
ORDINARY	03/31/201	19		А	1,646 (1)	A .	\$ 30.38	15,854	D	

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

SHARES

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of 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		Relationsh	lips		
	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	04/02/	2019			
**Signature of Reporting Person	Date				
Explanation of Responses:					

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).
- Represents a grant from the Issuer's share incentive plan of 823 vested A ordinary shares awarded in recognition of service rendered as a
 Board member of Global Indemnity Limited, and 823 vested restricted A ordinary shares awarded in recognition of services rendered as a Board member of 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.