# SEC Form 4

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# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Addre DAVIS GRE		erson*	2. Issuer Name <b>and</b> Ticker or Trading Symbol James River Group Holdings, Ltd. [JRVR]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
				х	Officer (give title	Other (specify			
(Last)	_ast) (First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year)		below)	below)			
C/O JAMES RI	VER GROUP	HOLDINGS, LTD.	12/12/2014		Chief Financia	al Officer			
32 VICTORIA STREET									
			4. If Amendment, Date of Original Filed (Month/Day/Year)		ridual or Joint/Group Fili	ng (Check Applicable			
(Street)				Line)					
HAMILTON	D0	HM 12		X	Form filed by One Re	porting Person			
					Form filed by More th Person	an One Reporting			
(City)	(State)	(Zip)							

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Shares	12/17/2014		Р		23,809(1)	Α	\$21	37,759	D	
Common Shares	12/17/2014		Α		23,810 <sup>(2)</sup>	Α	\$ <mark>0</mark>	61,569	D	

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Share Option (Right to Buy)	\$21	12/12/2014		A		55,589		(3)	12/11/2021	Common Shares	55,589	\$0	55,589	D	

#### Explanation of Responses:

1. Represents common shares purchased under the Issuer's directed share program in connection with the Issuer's initial public offering.

2. Grant of restricted share units (payable solely in common shares of the Issuer on each vesting date), vesting in five equal annual installments on December 17 of each of the years 2015 through 2019.

3. The share option vests in three equal annual installments on December 12 of each of the years 2015 through 2017.

### **Remarks:**

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C 1001 and 15 U.S.C. 78ff(a).

<u>/s/ Gregg T. Davis</u>

\*\* Signature of Reporting Person

<u>12/18/2014</u>

on Date

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

\* 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.

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 Number.