

AMERICAN SAFETY INSURANCE HOLDINGS LTD
 Form 4
 October 28, 2009

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

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 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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
 William Clarence Tepe

(Last) (First) (Middle)

44 CHURCH STREET, P.O. BOX
 HM 2064

(Street)

HAMILTON, D0 HM 11

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
 AMERICAN SAFETY
 INSURANCE HOLDINGS LTD
 [ASI]

3. Date of Earliest Transaction
 (Month/Day/Year)
 03/15/2009

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

___ Director ___ 10% Owner
 Officer (give title below) ___ Other (specify below)
 CFO

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 ___ Form filed by More than One Reporting Person

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)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
Common Stock	03/31/2009		A	(A) or (D) A	7,322 (1) \$ 11.51	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.

SEC 1474
 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: AMERICAN SAFETY INSURANCE HOLDINGS LTD - Form 4

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Amount or Number of Shares
Stock Option	\$ 16.18	03/31/2009		D	25,000 (2)	03/31/2009 03/31/2009	Common Stock	25,000
Stock Option	\$ 19.05	03/31/2009		D	7,500 (2)	03/31/2009 03/31/2009	Common Stock	7,500
Stock Option	\$ 17.95	03/31/2009		D	7,500 (2)	03/31/2009 03/31/2009	Common Stock	7,500
Stock Option	\$ 17.95	03/31/2009		D	11,766 (2)	03/31/2009 03/31/2009	Common Stock	11,766
Stock Option	\$ 9.1	03/31/2009		D	14,589 (2)	03/31/2009 03/31/2009	Common Stock	14,589

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
William Clarence Tepe 44 CHURCH STREET P.O. BOX HM 2064 HAMILTON, D0 HM 11			CFO	

Signatures

/s/ William C. Tepe
10/28/2009

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).
- (1) Shares issued as part of the Company's 2008 Long-Term Incentive Plan. Scheduled vesting was accelerated to vest on 03-31-2009 as part of the 03-15-2009 Separation Agreement.
- (2) Stock options forfeited as part of the 03-15-2009 Separation Agreement.

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.