## Edgar Filing: SEELIG ROBERT LAWRENCE - Form 4

SEELIG ROE Form 4 May 09, 2018		ENCE									
FORM Check this	4 UNITE	D STATE				ND EXC D.C. 205		IGE C	COMMISSION	-	PPROVAL 3235-0287
if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	Section 16 Public Uti	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Expires:   Estimated a burden hour response   Section 16(a) of the Securities Exchange Act of 1934,   Public Utility Holding Company Act of 1935 or Section   of the Investment Company Act of 1940							urs per		
(Print or Type Ro	esponses)										
	ldress of Reportin BERT LAWR		2. Issuer I Symbol WHITE I INSURA	MOUI	NTA				5. Relationship of Issuer (Chec	f Reporting Pe ck all applicabl	
	(First) MOUNTAIN E GROUP, LI IN STREET		3. Date of I (Month/Da 05/07/20	y/Year)		nsaction			Director X Officer (give below) EVP &		% Owner ner (specify nsel
HANOVER,	(Street) NH 03755		4. If Amen Filed(Montl			e Original			6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by N	One Reporting F	erson
(City)	(State)	(Zip)	Tabla	I - Nor	-Do	rivativa S	ocurit	ies Aco	Person uired, Disposed o	f or Bonoficis	lly Owned
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Ye	ear) Execu any		3. Transa Code (Instr.	actic 8)	4. Securi onAcquired Disposed (Instr. 3,	ties l (A) c l of (D 4 and (A) or	or ))	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
Common	05/04/2018			Code G		Amount 50	(D) D	Price \$ 0	17,446	D	
Shares Common Shares	05/07/2018			S		2,946 (1)	D	\$ 875	14,500	D	
Common Shares (restricted)									5,800	D	
Common Shares									5	Ι	by wife and dependent

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			3					
						ch	ildren	
Common Shares					545 I	Ву	y 401(k)	
Reminder: R	Report on a ser	parate line for each cla	ass of securities benef	icially owned directly	y or indirectly.			
				information cor required to resp	espond to the collecti ntained in this form a pond unless the form ently valid OMB conti	are not (9 n	9-02)	
			vative Securities Acqu puts, calls, warrants,		or Beneficially Owned e securities)			
1. Title of		3. Transaction Date		4. 5.	6. Date Exercisable and		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber	Expiration Date	Amount of	Derivative	Deriv

Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	Date	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities	;		(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
				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					
SEELIG ROBERT LAWRENCE C/O WHITE MOUNTAINS INSURANCE GROUP, LTD 80 SOUTH MAIN STREET HANOVER, NH 03755				EVP & General Counsel					
Signatures									
Wesley C. Bell, by Power of Attorney	05/09/2018								
**Signature of Reporting Person	Date								
Explanation of Pospons	001								

## 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) This report was filed before the calculation of the final tender offer proration factor. If proration results in a material change to the number of shares disposed of, this report will be amended accordingly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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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.