Edgar Filing: Security Capital Assurance Ltd - Form 4

Security Capital Assurance Ltd Form 4 November 15, 2007

| November 13 | 5,2007 | | | | | | | | | | |
|--|--|-----------------|---|--|---------------------------------------|--------|---|--|--|-------------------|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB APPROVAL | | | |
| Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| Check this box | | | | GES IN BENEFICIAL OW SECURITIES | | | | NERSHIP OF | Expires: Estimated a burden hour response | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 F | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person *2. IssueLichten Robert MSymbol | | | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| Sect [SC/ | | | | Capital A | Assuranc | e Lto | 1 | (Check all applicable) | | | |
| (Month/ | | | | of Earliest Transaction /Day/Year) /2007 | | | | X_ Director10% Owner Officer (give titleOther (specify below)below) | | | |
| (Street) 4. If Ame | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person | | | | |
| NEW YORK, NY 10017 Form filed by More than One Reporting Person | | | | | | | porting | | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | Executio any | ned n Date, if Day/Year) | 3. Transactio Code (Instr. 8) | 4. Securi on(A) or D (Instr. 3, | ispose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Shares | 11/01/2007 | | | Code V P | Amount 2,000 | | Price \$ 10.53 | (Instr. 3 and 4) 6,950 | Ι | Held by spouse | |

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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|--|-------------------------------------|--------------------|---|--|---|--|
| | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|-------------------|------------|---------|-------|--|--|--|--|
| | Director 10% Owne | | Officer | Other | | | | |
| Lichten Robert M 400 MADISON AVENUE NEW YORK, NY 10017 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Sarah Fox, Attorney-in-fact for Lichten | Л. | 11/15/2007 | | | | | | |
| <u>**</u> Signature of Reporting Per | 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).

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.