

AXIS CAPITAL HOLDINGS LTD  
 Form 3  
 March 03, 2017

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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 *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Å Ekberg Jan		(Month/Day/Year)	AXIS CAPITAL HOLDINGS LTD [AXS]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
BRANDSCHENKESTRASSE 90			(Check all applicable)	
(Street)			___ Director	___ 10% Owner
ZURICH, Å V8 Å CH-8002			<input checked="" type="checkbox"/> Officer	___ Other
(City)	(State)	(Zip)	(give title below)	(specify below)
			CEO, AXIS Reinsurance	
				6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				___ Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares	14,934	D	Å

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

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				Shares		(I) (Instr. 5)	
Restricted Stock Units	Â (1)	Â (1)	Common Shares	3,384	\$ (2)	D	Â
Restricted Stock Units	Â (3)	Â (3)	Common Shares	3,383	\$ (2)	D	Â
Restricted Stock Units	Â (4)	Â (4)	Common Shares	3,948	\$ (2)	D	Â
Restricted Stock Units	Â (5)	Â (5)	Common Shares	6,505	\$ (2)	D	Â
Restricted Stock Units	Â (6)	Â (6)	Common Shares	15,622	\$ (2)	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Ekberg Jan BRANDSCHENKESTRASSE 90 ZURICH, V8 CH-8002	Â	Â	Â CEO, AXIS Reinsurance	Â

## Signatures

G. Christina Gray-Trefry,  
Attorney-in-Fact

03/03/2017

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) The restricted stock units vest in two equal annual installments beginning March 1, 2017.
- (2) Upon vesting, each restricted stock unit will be equal in value to one common share (50% of the restricted stock units will be settled in common shares and 50% will be settled in cash).
- (3) The restricted stock units vest in a single installment on March 1, 2017.
- (4) The restricted stock units vest in three equal annual installments beginning March 1, 2017.
- (5) The restricted stock units vest in four equal annual installments beginning March 1, 2017.
- (6) The restricted stock units vest in four equal annual installments beginning March 1, 2018.

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.