Edgar Filing: OneBeacon Insurance Group, Ltd. - Form 4

OneBeacon Insurance Group, Ltd. Form 4 June 29, 2007

June 29, 200	/											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL					
Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi if no long	or								Expires:	January 31, 2005		
subject to Section 10 Form 4 or	6. SIAIE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								verage rs per 0.5		
Form 4 orresponse0.5Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,0.5obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Section0.5See Instruction30(h) of the Investment Company Act of 19401040												
(Print or Type R	Responses)											
SMITH LOWNDES ANDREW Sym One			Symbol	OneBeacon Insurance Group, Ltd.				5. Relationship of Reporting Person(s) to Issuer				
			OneBea [OB]					(Check all applicable)				
				of Earliest Transaction /Day/Year)			_X_Director10% Owner Officer (give titleOther (specify					
C/O ONEBEACON INSURANCE 06/28/2007 below) below) below)												
				ndment, Date Original nth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
CANTON, N	MA 02021							_X_Form filed by C Form filed by M Person	1 0			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)		n Date, if	Date, if Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) //Year) (Instr. 8)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)					
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common	06/28/2007			А	2,961	А	\$ 25.33	12,961	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.

 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. Transac Code (Instr. 8	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Ac	Relationships					
F8	Director	10% Owner	Officer	Other		
SMITH LOWNDES ANDREW C/O ONEBEACON INSURANCE 1 BEACON LANE CANTON, MA 02021	GROUP, LTD.	Х				
Signatures						
Jane E. Freedman, attorney-in-fact	06/29/2007					
<u>**Signature of Reporting Person</u>	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.