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

OneBeacon Insurance Group, Ltd. Form 4 May 16, 2008

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FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL					
Washington, D.C. 20549									OMB Number:	3235-0287		
Check this box if no longer								Expires:	January 31,			
subject to Section 1 Form 4 or	F CHAN	CHANGES IN BENEFICIAL OWN SECURITIES					Estimated a burden hour response					
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17 inue. action	(a) of the	Public Ut		ling Con	ipany	y Act of	e Act of 1934, E 1935 or Section 40	1			
(Print or Type F	(esponses)											
1. Name and Address of Reporting Person * URNESS KENT D2. Issuer Symbol				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			OneBea [OB]	con Insur	ance Gro	oup, l	Ltd.	(Checl	k all applicable)		
				of Earliest Transaction				_X_ Director 10% Owner Officer (give title Other (specify				
	EACON INSUR ID., 1 BEACON		05/16/20	-				below)	below)			
				ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
CANTON, N	MA 02021								lore than One Rej			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficiall	y Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3.4. Securities AcquiredTransactior(A) or Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Class A Common Stock	05/16/2008			Р	1,000	А	\$ 18.26	5,000	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. Transact Code (Instr. 8)	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code N	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addre	Relationships						
	Director	10% Owner	Officer	Other			
URNESS KENT D C/O ONEBEACON INSURANCE GR 1 BEACON LANE CANTON, MA 02021	OUP, LTD.	X					
Signatures							
Jane E. Freedman, Attorney-In-Fact	05/16/2008						
**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).

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.