Allied World Assurance Co Holdings, AG Form 4

February 09, 2016

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** 3235-0287 Number:

**OMB APPROVAL** 

January 31, Expires: 2005

subject to Section 16. Form 4 or

if no longer

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

Form 5 obligations may continue.

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

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Carmilani Scott A

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

Allied World Assurance Co Holdings, AG [AWH]

(Check all applicable)

President, CEO and Chairman

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)

02/08/2016

\_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify below)

ALLIED WORLD ASSURANCE CO. HOLDINGS,

AG, GUBELSTRASSE 24, PARK

TOWER, 15TH FLOOR

(Street)

(State)

(Zip)

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

4. If Amendment, Date Original

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

31.7399

ZUG, V8 6300

(City)

Shares

Shares

Common

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	omr Dispose (Instr. 3, 4	ed of 4 and (A) or	5)	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 Beneficial Ownership (Instr. 4)
Common Shares	02/08/2016		Code V P	Amount 5,000	(D)	Price \$ 30.4996	134,000	I	By Trust
Common	02/08/2016		P	5,000	A	\$ 31.7300	139,000	I	By Trust

1,214,422 D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(1)

#### Edgar Filing: Allied World Assurance Co Holdings, AG - Form 4

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President, CEO and

Chairman

SEC 1474 (9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	e and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Da	ate	Amou	nt of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						J
					(A) or						]
					Disposed						-
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	m	or		
						Exercisable Date	Title Number				
				~	<del></del>				of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Ketauonsinps					
	Director	10% Owner	Officer	Other		

X

Carmilani Scott A

ALLIED WORLD ASSURANCE CO. HOLDINGS,

AG

GUBELSTRASSE 24, PARK TOWER, 15TH FLOOR

ZUG, V8 6300

## **Signatures**

/s/ Theodore Neos, by Power of Attorney 02/09/2016

\*\*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).
- (1) Represents common shares held by an irrevocable trust for the benefit of the reporting person's spouse and children.

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.

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