Edgar Filing: Lederman bruce r - Form 4

| Lederman bruc | e r | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------|---------------------------------|-----------------------|------------|------------------------------------|----------------|---------------------------------------------------------------|---------------------|-------------------------|--|
| Form 4 | | | | | | | | | | | |
| April 03, 2018 | | | | | | | | | | | |
| FORM · | 4 | | | | | | | | OMB AF | PROVAL | |
| | UNITE | D STATES | | TIES ANI ngton, D. | | | GE CO | MMISSION | OMB Number: | 3235-0287 | |
| Check this b if no longer | | | | | | | | | Expires: | January 31, | |
| subject to | STAT | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF | | | | | | | Estimated a | 2005 verage | |
| Section 16. | | SECURITIES | | | | | | | burden hours per | | |
| Form 4 or Form 5 | F '1 1 | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | | | | | response | 0.5 | |
| obligations | 1 | | | · | | | U | | | | |
| may continu | e. | | of the Inves | • | - | | | 935 or Section | | | |
| See Instructi 1(b). | on | 50(II) | of the myes | | mpany . | | 1 1 9 4 0 | | | | |
| 1(0). | | | | | | | | | | | |
| (Print or Type Res | ponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Report Lederman bruce r Symbol Issuer | | | | | | | Reporting Pers | on(s) to | | | |
| Lederman orde | | | Symbol Global Ind | omnity I | td [CDI | T1 | | | | | |
| | | | | • | - | 1] | | (Check | all applicable |) | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | | | 107 0 | | | |
| (Month/Day/ C/O GLOBAL INDEMNITY PLC, 3 03/31/2018 | | | | | | Officer (give title Other (specify | | | | | |
| BALA PLAZA | | | 03/31/2010 | 3 | | | be | elow) | below) | · · | |
| | (Street) | 112000 | 1 If Amondr | nant Data (| Driginal | | 6 | Individual or Ioi | nt/Croup Filin | c(Chaolr | |
| | | | | - | | | | 5. Individual or Joint/Group Filing(Check Applicable Line) | | | |
| | _X_ Form filed by C | | | | | | | one Reporting Person | | | |
| BALA CYNW | YD, PA 19 | 004 | | | | | | _ Form filed by Mo erson | ore than One Rej | porting | |
| (City) | (State) | (Zip) | Table I | - Non-Deri | vative See | curitie | es Acquir | ed, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of | 2. Transactio | on Date 2A. I | Deemed | 3. | 4. Securi | ties A | cquired | 5. Amount of | 6. | 7. Nature of | |
| Security | (Month/Day/ | Year) Exect | ution Date, if | Transactio | on(A) or D | ispose | d of (D) | Securities | Ownership | Indirect | |
| (Instr. 3) | | any (Mon | th/Day/Year) | Code (Instr. 8) | (Instr. 3, | 4 and | 5) | Beneficially Owned | Form: Direct (D) | Beneficial Ownership | |
| | | (10101) | (III/Day/Tear) | (111501.0) | | | | Following | or Indirect | (Instr. 4) | |
| | | | | | | (A) | | Reported | (I) | · / | |
| | | | | | | or | | Transaction(s) (Instr. 3 and 4) | (Instr. 4) | | |
| | | | | Code V | Amount | (D) | Price | (msu. 5 and 4) | | | |
| CALSS A | 0.0.10.1.10.0 | 0 | | · | (1) | | \$ | 10.000 | - | | |
| ORDINARY | 03/31/201 | 8 | | А | 757 (1) | А | \$4.52 | 12,030 | D | | |
| SHARES | | | | | | | | | | | |

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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|------------------------|----------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationsh | lips | | | |
|-------------------------------------------------------------------------------------------------------|------------|------------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Lederman bruce r C/O GLOBAL INDEMNITY PLC 3 BALA PLAZA EAST, SUITE 300 BALA CYNWYD, PA 19004 | Х | | | | | |
| Signatures | | | | | | |
| /s/Stephen W. Ries Attorney-in-fact | 04/03/2018 | | | | | |
| **Signature of Reporting Person | Date | e | | | | |
| 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).

Represents the grant of 248 shares of restricted A ordinary shares under the Issuer's Share Incentive Plan that vest on the 24 month anniversary of the award in recognition of service rendered as a Board member to Global Indemnity Limited, and 509 shares of restricted

(1) A ordinary shares under the Issuer's Share Incentive Plan that vest on the 24 month anniversary of the award in recognition of service rendered as a Board member to Global Indemnity Group, Inc., an indirect wholly-owned subsidiary of the Issuer.

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.