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RENAISSANCERE HOLDINGS LTD

Form 4

August 08, 2006

FORM 4

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

OMB Number: 3235-0287

Estimated average

burden hours per

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

0.5

OMB APPROVAL

Form 4 or 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

response...

See Instruction 1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * NICHOLS JOHN DRAKE | | | 2. Issuer Name and Ticker or Trading Symbol RENAISSANCERE HOLDINGS LTD [RNR] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |
|--------------------------------------------------------------|----------|---------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| (Last) RENAISSAN EAST BROA | | (Middle) E, 8-20 | 3. Date of Earliest Transaction (Month/Day/Year) 08/04/2006 | Director 10% OwnerX_ Officer (give title Other (specify below) Pres, RenRe Ventures Ltd. |
| PEMBROKE | (Street) | ERMUDA | 4. If Amendment, Date Original Filed(Month/Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |

| (City) | (State) | (Zip) Tab | le I - Non- | Derivative | Secu | rities Acq | uired, Disposed | of, or Benefic | ially Owned |
|--------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|----------------------------------------|--------|-------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securit tor(A) or Dis (Instr. 3, 4) | sposed | of (D) | 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 Stock | | | | | (2) | 2 2.00 | 59,710 | D | |
| Common Stock | 08/04/2006 | | M | 12,851 | A | \$ 39.59 | 112,390 | I | by Partnership (1) |
| Common Stock | 08/04/2006 | | F | 10,926 | D | \$ 49.45 | 101,464 | I | by Partnership (1) |
| Common Stock | | | | | | | 1,137 | I | by Spouse |

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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.

SEC 1474

(9-02)

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. 5. Number of TransactionDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, | | e, if TransactionDerivative Expiration Date Code Securities (Month/Day/Year) Year) (Instr. 8) Acquired (A) or Disposed of (D) | | e | 7. Title and Amou Underlying Securi (Instr. 3 and 4) | |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|------------------------------------------------------------|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amo or Nun of S | |
| Non-qualified Stock Option (right to buy) | \$ 39.59 | 08/04/2006 | | M | 12,851 | 12/23/2002 | 08/06/2006 | Common Stock | 12, | |

Reporting Owners

| Reporting Owner Name / Address | Relationships |
|---------------------------------|---------------|
| Reporting Owner Maine / Address | |

Director 10% Owner Officer Other

NICHOLS JOHN DRAKE RENAISSANCE HOUSE 8-20 EAST BROADWAY PEMBROKE HM 19, BERMUDA

Pres, RenRe Ventures Ltd.

Signatures

/s/ John D. Nichols, Jr. 08/08/2006

**Signature of Date
Reporting Person

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) These securities are owned and controlled by a family limited partnership for the benefit of immediate family members of the reporting person and may be deemed to be beneficially owned by the reporting person.
- (2) Not Applicable.

Remarks:

The transactions reported hereby relate to the exercise of employee stock options originally granted to the Reporting Person

Reporting Owners 2

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on August 6, 1996 with a ten year term, and were exercised shortly prior to their scheduled expiration on August 6, 2006. 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.