Edgar Filing: PRESSMAN RONALD R - Form 4

PRESSMAL	N RONALD R											
Form 4												
February 15	5, 2019											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287			
Check the check	nger								Expires:	January 31, 2005		
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<i>See</i> Insta 1(b).	ruction	50(11)		i vestinent	compan	y 110	. 01 174	0				
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(Print or Type	Responses)											
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DECOMANDONALDD				2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
FRESSIVIA	Symbol		NOFIL	ות ור	NCC							
			ASPEN LTD [A	I INSURA	ANCE H	JLDI	ING2	(Checl	k all applicable	:)		
			-	-					100			
(Last)	(First) (Middle)		f Earliest Ti	ransaction			X_ Director Officer (give		Owner er (specify		
ASPEN IN	SURANCE HOL	DINGS	02/15/2	Day/Year)				below)	below)			
	141 FRONT STR		02/13/2	.017								
	(Street)		4. If Ame	endment, Da	ate Origina	1		6. Individual or Jo	int/Group Filir	g(Check		
· · · ·				nth/Day/Year	-			Applicable Line)				
								_X_Form filed by C				
HAMILTO	N, D0 HM19							Form filed by M Person	lore than One Re	porting		
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	A. Deer	ned	3.	4. Securit			5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)		on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8)					Securities	Ownership	Indirect		
(Instr. 3)		any (Month/I						Beneficially Owned	Form: Direct (D) or	Ownership		
		(ivionai)	Suj, i cui)	(Insu: 0)				Following	Indirect (I)	(Instr. 4)		
						(A)		Reported	(Instr. 4)			
						or		Transaction(s) (Instr. 3 and 4)				
0.1				Code V	Amount	(D)	Price	(mour o und T)				
Ordinary Shares	02/15/2019			D <u>(1)</u>	20,239 (2)	D	\$ 42.75	0	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)

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-	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Ρ

A 1 Н S

> 1 Р

Reporting Owner Name / Address	Relationships					
1 B	Director	10% Owner	Officer	Other		
RESSMAN RONALD R SPEN INSURANCE HOLDINGS LIMITED 41 FRONT STREET IAMILTON, D0 HM19	X					
ignatures						
s/Silvia Martinez as Attorney-in-fact for Ronald ressman	l	02/15/	/2019			
**Signature of Reporting Person		Da	ate			

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).
- This Form 4 is being filed as a result of the closing on February 15, 2019 of the merger (the "Merger") as described in the Agreement and (1) Plan of Merger, dated as of August 27, 2018 (the "Merger Agreement") among Aspen insurance Holdings Limited (the "Issuer"), Highlands Holdings, Ltd., and Highlands Merger Sub, Ltd.
- At the effective time of the Merger, each outstanding ordinary share of the Issuer was converted into a right to receive a cash payment of (2) \$42.75 without any interest and less any applicable withholding tax.

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.