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OneBeacon Insurance Group, Ltd. Form 4 November 07, 2007

November 0	7, 2007									
FORM			CECU		ND EV		NCEC			PROVAL
	UNITED	SIAIES		shington,			NGE C	COMMISSION	OMB Number:	3235-0287
Check th				g,	210120				Expires:	January 31, 2005
if no long subject to		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								
Section 1 Form 4 o				SECUR	ITIES				burden hours per	
Form 5 obligatio may cont See Instru 1(b).	Filed put ns Section 170	(a) of the	Public U		ling Con	npan	y Act of	e Act of 1934, 1935 or Section 0	response	0.5
(Print or Type I	Responses)									
1. Name and A URNESS K	Address of Reporting ENT D	Person <u>*</u>	Symbol	Name and				5. Relationship of Issuer	Reporting Pers	on(s) to
			OneBea [OB]	con Insur	ance Gro	oup, l	Ltd.	(Chec	k all applicable)
(Last) (First) (Middle) 3. Date				Earliest Tr	ansaction			X_ Director Officer (give		Owner er (specify
	EACON INSUR ID., 1 BEACON		(Month/D 11/07/2					below)	below)	s (specify
	(Street)			ndment, Da hth/Day/Year	-	1		6. Individual or Jo Applicable Line) _X_Form filed by O	One Reporting Pe	rson
CANTON,	MA 02021							Form filed by M Person	fore than One Re	porting
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution Execution	med on Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	ispose 4 and (A) or	d 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)	
Class A				coue v	7 thount	(D)				
Common Shares	11/06/2007			Р	400	А	\$ 20.78	2,400	D	
Class A Common Shares	11/06/2007			Р	300	А	\$ 20.81	2,700	D	
Class A Common Shares	11/06/2007			Р	100	А	\$ 20.82	2,800	D	
Class A	11/06/2007			Р	100	А	\$	2,900	D	

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Common Shares					20.78		
Class A Common Shares	11/06/2007	Р	100	А	\$ 20.78	3,000	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)	4. Transactic Code (Instr. 8)				Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
		Director	10% Owner	Officer	Other		
URNESS KENT D C/O ONEBEACON INSURANCE GRO 1 BEACON LANE CANTON, MA 02021	OUP, LTD.	X					
Signatures							
Jane E. Freedman, Attorney-in-fact	11/07/2007						
<pre>**Signature of Reporting Person</pre>	Date						
Explanation of Respon	606.						

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.

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