OneBeacon Insurance Group, Ltd.

Form 4

February 26, 2016

# FORM 4

**OMB APPROVAL** 

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

Check this box if no longer subject to Section 16. Form 4 or Form 5

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

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Phillips Maureen Issuer Symbol OneBeacon Insurance Group, Ltd. (Check all applicable) [OB] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner Other (specify X\_ Officer (give title (Month/Day/Year) below) **605 HIGHWAY 169** 02/24/2016 SVP & General Counsel NORTH, SUITE 800 (Street) 4. If Amendment, Date Original 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 PLYMOUTH, MN 55441

| (City)                               | (State)                              | (Zip) Tab   | le I - Non-                            | Derivative                                | Secur  | ities A | cquired, Dispose   | d of, or Benef   | ficially Owned  |
|--------------------------------------|--------------------------------------|---|--|---|--------|---------|--|--|---|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transactic<br>Code<br>(Instr. 8) | 4. Securition(A) or Dis (D) (Instr. 3, 4) | sposed | of      | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Class A<br>Common<br>Shares          | 02/24/2016                           |   | A                                      | 14,850<br>(1)                             | A      | \$ 0    | 23,512   | D  |   |
| Class A<br>Common<br>Shares          |                                      |   |  |   |        |         | 776  | I  | in<br>401(k)/ESOP                                     |

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

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(9-02)

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#### number.

## 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   | cisable and | 7. Tit           | le and       | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|-------------------|--------------------------------------|-----------------|-------------|------------------|--------------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | TransactionNumber |                                      | Expiration Date |             | Amou             | unt of       | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code              | of                                   | (Month/Day/     | Year)       | Unde             | rlying       | Security    | Secu   |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8)        | Derivative<br>Securities<br>Acquired |                 |             | Secur            | rities       | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |                   |                                      |                 |             | (Instr. 3 and 4) |              | Own         |        |
|             | Security    |                     |                    |                   |                                      |                 |             |                  |              | Follo       |        |
|             |             |                     |                    |                   | (A) or                               |                 |             |                  |              |             | Repo   |
|             |             |                     |                    |                   | Disposed                             |                 |             |                  |              |             | Trans  |
|             |             |                     |                    |                   | of (D)                               |                 |             |                  |              |             | (Instr |
|             |             |                     |                    |                   | (Instr. 3,                           |                 |             |                  |              |             |        |
|             |             |                     |                    |                   | 4, and 5)                            |                 |             |                  |              |             |        |
|             |             |                     |                    |                   |                                      |                 |             |                  | Amount       |             |        |
|             |             |                     |                    |                   |                                      |                 |             |                  |              |             |        |
|             |             |                     |                    |                   |                                      | Date            | Expiration  | Title            | or<br>Number |             |        |
|             |             |                     |                    |                   |                                      | Exercisable     | Date        | Title            | of           |             |        |
|             |             |                     |                    | Codo V            | (A) (D)                              |                 |             |                  |              |             |        |
|             |             |                     |                    | Code v            | (A) (D)                              |                 |             |                  | Shares       |             |        |

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Phillips Maureen 605 HIGHWAY 169 NORTH SUITE 800

SVP & General Counsel

PLYMOUTH, MN 55441

## **Signatures**

/s/ Sarah A. Kolar,

Attnorney-in-fact 02/26/2016

\*\*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 7,500 restricted shares vesting February 24, 2018 and 7,350 restricted shares vesting January 1, 2019.

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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