#### AXIS CAPITAL HOLDINGS LTD

Form 4

March 03, 2017

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Expires: 2005 Estimated average burden hours per 0.5 response...

**OMB APPROVAL** 

3235-0287

January 31,

OMB

Number:

Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

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 * Wilson Peter W			2. Issuer Name <b>and</b> Ticker or Trading Symbol AXIS CAPITAL HOLDINGS LTD [AXS]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last)  1211 AVE. OI AMERICAS,		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2017	Director 10% Owner Other (specify below) CEO, AXIS Insurance		
NEW YORK,	(Street) NY 10036		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) Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Shares	03/01/2017		M	4,500	A	\$0	37,841	D	
Common Shares	03/01/2017		D	2,250	D	\$ 70.92	35,591	D	
Common Shares	03/01/2017		M	8,120	A	\$ 0	43,711	D	
Common Shares	03/01/2017		D	4,060	D	\$ 70.92	39,651	D	
Common Shares	03/01/2017		F	5,206	D	\$ 70.92	34,445	D	

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

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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)	4. Transaction Code (Instr. 8)	Secur Acqui (A) or Dispo	or cosed of r. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deriv Secu (Inst
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	03/01/2017	M		4,500	(2)	(2)	Common Shares	4,500	\$
Restricted Stock Units	(1)	03/01/2017	M		8,120	(3)	(3)	Common Shares	8,120	\$

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Wilson Peter W

1211 AVE. OF THE AMERICAS

24TH FLOOR

NEW YORK, NY 10036

CEO, AXIS Insurance

### **Signatures**

G. Christina Gray-Trefry, Attorney-in-Fact

03/03/2017

Date

\*\*Signature of 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) Upon vesting, each restricted stock unit will be equal in value to one common share (50% of the restricted stock units will be settled in common shares and 50% will be settled in cash).

Reporting Owners 2

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- (2) The restricted stock units vest in four equal annual installments beginning March 1, 2015.
- (3) The restricted stock units vest in a single installment on March 1, 2017.

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.