Edgar Filing: Flagstone Reinsurance Holdings Ltd - Form 4

Flagstone Reinsurance Holdings Ltd Form 4 April 02, 2007 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

if no longer

subject to

Section 16.

Form 4 or

Form 5

1(b).

1. Name and A PRESTIA C	Address of Reporting F GARY	Symbol	er Name and Ticker or Trading one Reinsurance Holdings Lto	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	NE REINSURAN S LIMITED, 23	(Month/I	of Earliest Transaction Day/Year) 2007	Director 10% Owner X_ Officer (give title Other (specify below) below) Chief Underwriting Officer, NA			
HAMILTO (City)	(Street) N, D0, HM11 (State) (Filed(Mo	endment, Date Original onth/Day/Year) De I - Non-Derivative Securities A	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person quired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) Code V Amount (D) Price	SecuritiesForm: DirectIndirectBeneficially(D) orBeneficialOwnedIndirect (I)OwnershipFollowing(Instr. 4)(Instr. 4)ReportedTransaction(s)(Instr. 3 and 4)			
Shares	03/30/2007		P $500 \frac{(1)}{1}$ A 513.3	500 I By Wife (2)			

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	Date	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
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					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
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						Date	Expiration	Title	Number		
						Exercisable	Date	inte	of		
				Code V	(A) (D)				Shares		
				Couc V	(II) (D)				Shares		
Reno	rtina O	wners									

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Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
PRESTIA GARY FLAGSTONE REINSURANCE HOLDINGS LIMITED 23 CHURCH STREET HAMILTON, D0, HM11			Chief Underwriting Officer, NA		
Signatures					

/s/ Gary Prestia

04/02/2007 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).
- Represents shares purchased through Directed Share Program in connection with initial public offering of common shares of Flagstone (1) Reinsurance Holdings Limited by Donna Prestia, the reporting person's wife.
- (2) Reporting person disclaims beneficial ownership of shares held by his wife.

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.