Edgar Filing: MEENAGHAN JAMES J - Form 4

MEENAGHAN J Form 4											
September 10, 20 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	UNITE STATE Filed pr Section 1	CMENT (ursuant to 7(a) of the	CS SECURITIES Washingto OF CHANGES I SECU Section 16(a) of Public Utility H a) of the Investme	on, D. IN BE URIT I the Se Iolding	C. 2 NE IES ecun g Co	20549 FICIAI rities Ex ompany	2 OW chang Act c	NER ge Act	SHIP OF : of 1934,	OMB APF OMB Number: Expires: Estimated avo burden hours response	3235-0287 January 31, 2005 erage
(Print or Type Respondence)	nses)										
1. Name and Addres MEENAGHAN		ng Person <u>*</u>	2. Issuer Name a Symbol ARCH CAPIT [ACGL]				-	5. Re Issue		eporting Person all applicable)	n(s) to
(Last) (L			3. Date of Earlies (Month/Day/Year 05/08/2012		actio	n		X_ below	_ Director _ Officer (give tit /)	le 10% C Other below)	Owner (specify
(HAMILTON, D	Street)		4. If Amendment, Filed(Month/Day/Y		rigi	nal		Appli _X_ I	dividual or Join cable Line) Form filed by On form filed by Mor	e Reporting Perso	on
	(State)	(Zip)				a •		Perso			A A
1.Title of Security (Instr. 3)	2. Transa	ction Date	Table I - No 2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (Instr.	actio 8)	4. Securi nAcquirec Disposec (Instr. 3,	ities d (A) c d of (D 4 and (A) or	or 1) 5)	, Disposed of, o 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4	6. Ownership Form: Direct (D) or Indirect (I)) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Shares \$.0033 par value per share		012				Amount 1,767 (4)		Price \$ 0	3,888	D	
Common Shares \$.0033 par value per share		012		G	V	1,767	А	\$0	49,215	Ι	By Trust
Common Shares \$.0033 par value per share		012		G	V	1,944 (2)	D	\$0	1,944	D	

Common Shares, \$.0033 par value per share	05/21/2012	G	٦	/ 1,9	944	A	\$0	51,159	Ι	By Trust
Common Shares, \$.0033 par value per share	08/20/2012	G	١	/ 60	00	D	\$ 0 (3)	50,559	Ι	By Trust
Series C Non-Cumulative Preferred Shares (non-convertible)								11,000	Ι	By Trust

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)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
MEENAGHAN JAMES J C/O ARCH CAPITAL GROUP LTD. 45 REID STREET, 5TH FLOOR HAMILTON, D0 HM 12	Х			
Signatures				

08/30/2012

Reporting Owners

/s/ James J. Meenaghan

**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) The shares are held by a trust; the reporting person and his spouse are the trustees and the beneficiaries.
- (2) The reporting person contributed 1,944 of his directly owned shares of the Issuer to a trust; the reporting person and his spouse are the trustees and the beneficiaries.
- (3) Represents a bona fide gift to a family member.
- (4) The reporting person contributed 1,767 of his directly owned shares of the Issuer to a trust; the reporting person and his spouse are the trustees and the beneficiaries.

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.