Edgar Filing: Wilson Peter W - Form 4

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Form 4	0											
February 08, 201	UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL OMB 3235-028 Number:	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	STATES Filed pu Section 17	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								Expires: Estimated a burden hou response n		
(Print or Type Respo	nses)											
1. Name and Addres Wilson Peter W	2. Issuer Name and Ticker or Trading Symbol AXIS CAPITAL HOLDINGS LTD [AXS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Mon				ate of Earliest Transaction nth/Day/Year) 06/2018					Director 10% Owner XOfficer (give title Other (specify below) CEO, AXIS Insurance			
(Street) 4. If Amendment, Date Filed(Month/Day/Year) NEW YORK, NY 10036					e Original 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					rson		
	(State)	(Zip)	Table	I Nor	Dard		. 4	• •	Person			
1.Title of 2. T	Fransaction Da onth/Day/Year	te 2A. Deer) Executio any		3. Transac Code (Instr. 8	4 etion(. (. 5) (.	. Securiti A) or Dis D) Instr. 3, 4	ies Ac sposed	quired of	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	
Common 02/ Shares	/06/2018			Code A		Amount 7,947	(D) A	Price \$ 0	60,044	D		

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

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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	02/08/2018							
**Signature of Reporting Person		Date						
Explanation of Responses:								

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. 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.