## Edgar Filing: Global Indemnity plc - Form 4

Global Indemni Form 4	ty plc										
January 05, 201	6										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							MMISSION	OMB AF OMB Number:	PROVAL 3235-0287		
Check this b if no longer subject to Section 16. Form 4 or Form 5 obligations may continu. <i>See</i> Instruction 1(b).	<b>STATI</b> Filed p e. Section 1	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> 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 20(b) of the Investment Company Act of 1940							Expires: January 3 200 Estimated average burden hours per response 0		
(Print or Type Resp	ponses)										
BROWN JOSEPH W Sym			Symbol	Income in the second se				. Relationship of Reporting Person(s) to ssuer			
				Global Indemnity plc [GBLI]					(Check all applicable)		
(Last) (First) (Middle) 3. Date of Ea (Month/Day, C/O GLOBAL INDEMNITY PLC, 3 12/31/201, BALA PLAZA, SUITE 300				5				_X_ Director 10% Owner Officer (give title Other (specify below) below)			
	(Street) 4. If Amendm Filed(Month/I			Day/Year) Ap				5. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person			
BALA CYNW	YD, PA 190	004						Form filed by Mo			
(City)	(State)	(Zip)	Table I	- Non-Deri	vative Sec	uritie	es Acquir	ed, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transactio (Month/Day/	Year) Exec any	Deemed ution Date, if nth/Day/Year)	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	spose 4 and (A) or	d of (D)	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)	
CLASS A ORDINARY SHARES	12/31/2015	5		A	232 <u>(1)</u>		\$ 29.02	232	D		

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)

Der Sec	Title of ivative urity str. 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,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
					Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
BROWN JOSEPH W C/O GLOBAL INDEMNITY PLC 3 BALA PLAZA, SUITE 300 BALA CYNWYD, PA 19004	Х							
Signatures								
/s/Stephen W. Ries Attorney-in-fact	01/0							
**Signature of Reporting Person	Ι	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).

Represents the grant of 90 shares of restricted A ordinary shares under the Issuer's Share Incentive Plan that vest on the 24 month anniversary of the award in recognition of service rendered as a Board member to Global Indemnity plc, and 142 shares of restricted A (1)

ordinary shares under the Issuer's Share Incentive Plan that vest on the 24 month anniversary of the award in recognition of service rendered as a Board member to Global Indemnity Group, Inc., an indirect wholly-owned subsidiary of the Issuer.

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.