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ARCH CAPITAL GROUP LTD. Form 4 November 21, 2014 **OMB APPROVAL** FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 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 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading PASQUESI JOHN M Issuer Symbol ARCH CAPITAL GROUP LTD. (Check all applicable) [ACGL] 3. Date of Earliest Transaction (Last) (First) (Middle) _X__ Director 10% Owner Officer (give title __X__ Other (specify (Month/Day/Year) below) below) C/O ARCH CAPITAL GROUP 11/19/2014 Vice Chairman LTD., WATERLOO HOUSE, GROUND FL, 100 PITTS RD (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting PEMBROKE, D0 HM 08 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 3. 2. Transaction Date 2A. Deemed 4. Securities 5. Amount of 7. Nature of 6. TransactionAcquired (A) or Indirect Security (Month/Day/Year) Execution Date, if Securities Ownership (Instr. 3) Code Disposed of (D) Beneficially Form: Direct Beneficial anv (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned (D) or Ownership Indirect (I) (Instr. 4) Following Reported (Instr. 4) (A) Transaction(s) or (Instr. 3 and 4) (D) Price Code V Amount Common Shares, By Trust (2) \$.0033 par 11/19/2014 G V 890 D \$0 40,436 Ι value per share Common Shares, Family \$0033 par 58,751.8 Ι limited value per partnership share

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Common Shares, \$.0033 par value per share	534,112.2	I	By Trusts
Common Shares, \$.0033 par value per share	1,317	D	
Common Shares, \$.0033 par value per share	509,227	I	By spouse
Common Shares, \$.0033 par value per share	682,804	I	By Limited Liability Company <u>(1)</u>

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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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

Relationships

Director 10% Owner Officer Other

PASQUESI JOHN M C/O ARCH CAPITAL GROUP LTD. WATERLOO HOUSE, GROUND FL, 100 PITTS RD PEMBROKE, D0 HM 08

Х

Vice Chairman

Signatures

**Signature of

Reporting Person

/s/ John M. Pasquesi

11/19/2014

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 security holder is Otter Capital LLC, for which the reporting person serves as managing member. All indicated securities are included because of his affiliation with Otter Capital LLC.
- (2) The common shares are held by a revocable 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.