## Edgar Filing: ARCH CAPITAL GROUP LTD. - Form 4

ARCH CAP Form 4 May 11, 201	PITAL GROUP L	TD.								
FORM	ΠΛ								OMB AF	PROVAL
-	UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or		F CHANGES IN BENEFICIAL OWN SECURITIES					NERSHIP OF	Expires: January 31 2005 Estimated average burden hours per response 0.5		
Form 5 obligatio may com <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the	Public U		ding Cor	npan	y Act of	e Act of 1934, 1935 or Section 0	·	
(Print or Type ]	Responses)									
McElroy David Syr			Symbol ARCH	r Name <b>and</b> CAPITAI				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
			[ACGL	J				,		, 
(Last) (First) (Middle) 3. Date of (Month/Da 300 PLAZA THREE, 3RD FLOOR 05/09/20			-				Director 10% Owner Officer (give title Other (specify below) below) Chairman & CEO Arch Insur Gr			
			endment, Date Original onth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
JEKSETCI	11 1, NJ 07311							Person		
(City)	(State)	(Zip)	Tabl	le I - Non-D	Derivative	Secu	rities Acq	uired, Disposed of,	or Beneficiall	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		3. Transactio Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	4 and (A)	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Shares, \$.0033 par	05/09/2015			F	271 (2)		\$	74,369 <u>(1)</u>	D	
value per share	05/07/2015			I	211 ()	D	62.665	,509 <u>~</u>	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.

## Edgar Filing: ARCH CAPITAL GROUP LTD. - Form 4

 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Unde: Secur (Instr	unt 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			
McElroy David 300 PLAZA THREE, 3RD FLOOR JERSEY CITY, NJ 07311			Chairman & CEO Arch Insur Gr				
Signatures							

/s/ Marcy Rathman, Attorney	05/11/2015
in fact	03/11/2013

\*\*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).

43,500 of such amount will settle in Issuer's common shares upon the termination of the Reporting Person's employment, as specifically
 (1) provided in the applicable award agreement. Amount includes 1 common share that was acquired under the Arch Capital Group Ltd. Employee Share Purchase Plan on May 31, 2015.

(2) Represents shares withheld to pay taxes due upn vesting of restricted stock.

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.