Allied World Assurance Co Holdings, AG Form 4 July 10, 2017

FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL						
UNITED STATES SECURITIES AND EXC Washington, D.C. 205							NGE (COMMISSION	OMB Number:	3235-0287			
Check this if no longe	Ar.										January 31, 2005		
If no tonger Statement of changes in Beneficial ownership subject to Section 16. Section 16. SecURITIES Form 4 or Filed pursuant to Section 16(a) of the Securities Exchange Act of Sobligations Section 17(a) of the Public Utility Holding Company Act of 1935 or See Instruction 30(h) of the Investment Company Act of 1940								ge Act of 1934, f 1935 or Sectio	Estimated average burden hours per response 0.				
1(b).													
(Print or Type Ro	esponses)												
1. Name and Ad Guinn Patrici	Symbol Allied W	2. Issuer Name and Ticker or Trading Symbol Allied World Assurance Co Holdings, AG [AWH]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
CO. HOLDI	STRASSE 24		3. Date of (Month/Da 07/06/20	ay/Year)	ran	isaction			X Director Officer (give below)		o Owner er (specify		
				ndment, Date Original th/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
ZUG, V8 630	00								Form filed by M Person	More than One Re	porting		
(City)	(State)	(Zip)	Table	I - Non-	Dei	rivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ransaction Date 2A. Deemed nth/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Prio)	5. Amount of Securities6. Ownership Form: DirectBeneficially Owned(D) or Indirect (I)Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Shares	07/06/2017			U <u>(1)</u>		2,303	D	<u>(2)</u>	0	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and int of rlying ities . 3 and 4)	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					
Guinn Patricia Lynn ALLIED WORLD ASSURANCE CO. HOLL GUBELSTRASSE 24, PARK TOWER, 15TH ZUG, V8 6300	X								
Signatures									
/s/ Theodore Neos, by Power of Attorney	07/10/2017								
**Signature of Reporting Person	Date								
Explanation of Response	6.								

pianalion or nesponses.

- * 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).

Disposed of in an exchange offer by a wholly-owned subsidiary of Fairfax Financial Holdings Limited, a Canadian corporation (1) ("Fairfax"), to acquire all of the outstanding common shares, par value CHF 4.10 per share, of the Issuer, pursuant to the terms, and subject to the conditions, of that certain Agreement and Plan of Merger, dated as of December 18, 2016, between Fairfax and the Issuer.

Each share of the Issuer was exchanged for (i) cash consideration of \$23.00, (ii) a special cash dividend of \$5.00 and (iii) 0.057937 of a (2) share of subordinate voting stock of Fairfax.

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.