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

FORM	4									PPROVAL		
UNITED STATES SECURITIES Washington							IGE (	COMMISSION	OMB Number:	3235-0287		
Check this if no longe	<b>A</b> #											
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). <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 30(h) of the Investment Company Act of 1940									0			
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> Weinhoff Samuel J			2. Issuer Name <b>and</b> Ticker or Trading Symbol Allied World Assurance Co Holdings, AG [AWH]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
CO. HOLDI	DRLD ASSURA NGS, STRASSE 24,		3. Date of (Month/Da 07/06/20	•	Insaction			X Director Officer (give below)		Owner er (specify		
				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>				
ZUG, V8 630	00							Person	lore than One Re	porting		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	<ul> <li>Execution</li> <li>any</li> </ul>	med on Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V		sposed	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 Indirect Beneficial Ownership (Instr. 4)		
Common Shares	07/06/2017			U <u>(1)</u>	43,551	D	<u>(2)</u>	0	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.

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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)			Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
	Director	10% Owner	Officer	Other				
Weinhoff Samuel J ALLIED WORLD ASSURANCE CO. HOLE GUBELSTRASSE 24, PARK TOWER, 15TH ZUG, V8 6300	X							
Signatures								
/s/ Theodore Neos, by Power of Attorney	07/10/2017							
<pre>**Signature of Reporting Person</pre>	Date							
Explanation of Response	2.							

## 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.