## Edgar Filing: OneBeacon Insurance Group, Ltd. - Form 4

OneBeacon Insurance Group, Ltd. Form 4 May 30, 2008

May 30, 200	98										
FORM			CECU	DITIEC				N	PPROVAL		
	UNITED	STATES		RITIES A Ashington			E COMMISSIO	N OMB Number:	3235-0287		
Check the check	ger			_				Expires:	January 31,		
subject t		AENT O	F CHAI			ICIAL O	WNERSHIP OI	F Estimated	2005 average		
Section 16. SECURITIES							burden hou	urs per			
Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								response	. 0.5		
obligation may correct	$\frac{1}{2}$ Section 17(						of 1935 or Secti				
	<i>See</i> Instruction 30(h) of the Investment Company Act of 1940										
(Print or Type	Responses)										
1. Name and . Grady Lois	2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer						
	OneBeacon Insurance Group, Ltd. [OB]				(Check all applicable)						
(Last)						X_ Director Officer (gi		% Owner her (specify			
C/O ONEB	(Month/Day/Year) 05/28/2008				below)	below)					
	TD., 1 BEACON		0072072								
	4. If Amendment, Date Original			al	6. Individual or Joint/Group Filing(Check						
			Filed(Mo	onth/Day/Yea	ır)		Applicable Line) X Form filed b	y One Reporting P	erson		
CANTON,	MA 02021							More than One R			
(City)	(State)	(Zip)	Tal	ole I - Non-J	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date			3.	4. Securit		5. Amount of	6. Ownership	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, if	Code	nAcquired Disposed		Securities Beneficially	Form: Direct (D) or Indirect	Indirect Beneficial		
. ,		(Month/Da	ay/Year)	(Instr. 8)	(Instr. 3,		Owned	(I)	Ownership		
							Following Reported	(Instr. 4)	(Instr. 4)		
						(A) or	Transaction(s)				
				Code V	Amount		(Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					inforr requi	nation cont red to resp ays a curre	spond to the colle tained in this forr ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible	Beneficially Owne securities)	d			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	D

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		S (
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Unit	<u>(1)</u>	05/29/2008		А	10,218.9		(2)	(2)	Class A Common Shares	4,078.3	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
FB		Director	10% Owner	Officer	Other		
Grady Lois W C/O ONEBEACON INSURANCE GROUP 1 BEACON LANE CANTON, MA 02021	P, LTD.	Х					
Signatures							
Jane E. Freedman, Attorney-In-Fact	5/30/2008						

\*\*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).
- (1) Each phantom stock unit represents .40 of a OneBeacon Class A Common Share.
- (2) Phantom stock units are payable in cash upon the reporting person's termination as a director.

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.

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