### Edgar Filing: AXIS CAPITAL HOLDINGS LTD - Form 4

AXIS CAPI Form 4 May 13, 201	TAL HOLDINGS	S LTD								
OMB APPROVAL										
	UNITED	STATES SE		TIES AND EXCHANGE COMMISSION ington, D.C. 20549				OMB Number:	3235-0287	
Check th if no lon	gar	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							January 31, 2005	
subject to Section	o SIAIEN								verage	
Form 4 c	51001					burden hour response	s per 0.5			
Form 5 obligatio	nc -					-	e Act of 1934,			
may con	tinue. Section 17(		•	•	· ·		1935 or Section 0	1		
1(b).	<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).									
(Print or Type	Responses)									
1. Name and A GRESSIER	Address of Reporting		2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			AXIS CAPITAL HOLDINGS LTD [AXS]				(Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify			
92 PITTS BAY ROAD			05/09/2013				below) below) Chairman, AXIS Insurance			
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Month/Day/Year)     Applicable Line)       _X_ Form filed by O							One Reporting Person			
PEMBROK	E, D0 HM 08						Form filed by M Person	ore than One Rep	porting	
(City)	(State)	(Zip)	Table I - Non-I	Derivative	Securi	ities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
		2A. Deemed Execution Dat any (Month/Day/Y	Code	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	OwnershipInForm: DirectB(D) orCIndirect (I)(I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Shares	05/09/2013		М	40,000	А	\$ 29.62	159,375	D		
Common Shares	05/09/2013		М	40,000	А	\$ 28.02	199,375	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	orDeri Secu Acqu or D (D)	urities uired (A) isposed of r. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option	\$ 29.62	05/09/2013		М		40,000	<u>(1)</u>	01/01/2014	Common	40,000
Employee Stock Option	\$ 28.02	05/09/2013		М		40,000	(3)	01/12/2015	Common	40,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
GRESSIER JOHN 92 PITTS BAY ROAD PEMBROKE, D0 HM 08			Chairman, AXIS Insurance				
Signatures							
Richard T. Gieryn, Jr., Attorney-in-Fact		05/13/2	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).
- (1) The Employee Stock Option vested in three equal installments commencing January 2, 2004.
- (2) Grant of Employee Stock Option.
- (3) The Employee Stock Option vested in three equal installments commencing January 13, 2005.

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.