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

FORM	4									PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287				
Check this if no longe	ar	-							Expires:	January 31, 2005		
subject to Section 16. SECURITIES								Estimated average burden hours per response 0.				
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> Friedman Bart			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)				
(Last) ALLIED WC CO. HOLDII AG, GUBEL TOWER, 15	NGS, .STRASSE 2		3. Date of (Month/Da 07/06/20	•	ansaction			X Director Officer (give below)		Owner er (specify		
				4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
								Person				
(City)	(State)	(Zip)					-	uired, Disposed of		-		
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Execution any	med on Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	4. Securit on(A) or Dis (D) (Instr. 3, 4)	sposed	l 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>	43,727	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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	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**

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

## pialialion of 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.