Amtrust Financial Services, Inc.

Form 4

March 18, 2014

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

Number:

3235-0287

Expires:

January 31, 2005

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Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

subject to

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 See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* SCHLACHTER HARRY

2. Issuer Name and Ticker or Trading Symbol

Issuer

Amtrust Financial Services, Inc.

(Check all applicable)

5. Relationship of Reporting Person(s) to

[AFSI]

(Last)

(First) (Middle) 3. Date of Earliest Transaction

X\_ Officer (give title

10% Owner Other (specify

(Month/Day/Year) 03/17/2014

below) SVP, Treasurer

Director

AMTRUST FINANCIAL SERVICES, INC, 59 MAIDEN LANE, 43RD FLOOR

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

NEW YORK, NY 10038

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Month/Day/Year)

Code (Instr. 8)

3.

TransactionAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5)

4. Securities

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(A)

Reported Transaction(s) (Instr. 3 and 4)

Common Stock

03/17/2014

G V 1,000

Code V Amount (D)

\$0 D 28,375

Price

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)

(9-02)

#### Edgar Filing: Amtrust Financial Services, Inc. - Form 4

| 1. Title of Derivative | 2. Conversion                                     | 3. Transaction Date (Month/Day/Year) |                  | 4.<br>Transactio | 5.<br>orNumber  | 6. Date Exerc<br>Expiration D |                    | 7. Title at Amount of                        |                         | 8. Price of Derivative | 9. Nu<br>Deriv  |
|------------------------|---|--------------------------------------|------------------|------------------|---|-------------------------------|--------------------|--|-------------------------|------------------------|---|
| Security (Instr. 3)    | or Exercise<br>Price of<br>Derivative<br>Security | (monda, Day, Teal)                   | (Month/Day/Year) | Code (Instr. 8)  | of (Month/Day/Ye Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |                               |                    | Underlying<br>Securities<br>(Instr. 3 and 4) |                         | Security<br>(Instr. 5) | Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|                        |   |                                      |                  | Code V           | (A) (D)   | Date<br>Exercisable           | Expiration<br>Date | or<br>Title Nu<br>of                         | nount<br>umber<br>uares |                        |   |

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

SCHLACHTER HARRY AMTRUST FINANCIAL SERVICES, INC 59 MAIDEN LANE, 43RD FLOOR NEW YORK, NY 10038

SVP, Treasurer

## **Signatures**

/s/ Harry Schlachter 03/18/2014

\*\*Signature of Date
Reporting Person

## **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).

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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