Dalrymple Christopher Kent Form 5 Janu F(

| January 22, 2 | 2013 | | | | | | | | | | |
|--|---|--|---|---|---|-----------|--------------------|--|--|---|--|
| FORM | 15 | | | | | | | | | PPROVAL | |
| Check this no longer | UNITED S s box if subject | | SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | OMB Number: Expires: | 3235-0362 January 31, 2005 | | |
| to Section Form 4 or 5 obligation may conti | Form ANN ons nue. | ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | Estimated a burden hou response | average rs per | |
| See Instru 1(b). Form 3 He Reported Form 4 Transactic Reported | Filed purs oldings Section 17(a | a) of the | Public Ut | | g Compa | ny A | ct of 1 | | n | | |
| 1. Name and Address of Reporting Person <u>*</u> Dalrymple Christopher Kent | | | 2. Issuer Name and Ticker or Trading Symbol ALLEGHANY CORP /DE [Y] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (N | (Iiddle) |) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) Director | | | | | Director | eck all applicable) 10% Owner we title Other (specify | | |
| | NY TION, 7 TIMES OWER, 17TH FI | | | | | | ł | sVP, | below) General Couns | el | |
| | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | Ć | 6. Individual or Joint/Group Reporting (check applicable line) | | | |
| NEW YOR | K, NY 10036 | | | | | | - | _X_ Form Filed by Form Filed by I Person | One Reporting P More than One R | | |
| (City) | (State) | (Zip) | Table | e I - Non-Deri | vative Secu | urities | s Acqui | ired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | | 3. Transaction Code (Instr. 8) | 4. Securit Acquired Disposed (Instr. 3, 4) | (A) of (D |) | 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 09/14/2012 | Â | | G | 10 | D | \$ 0 (1) | 1,330 | D | Â | |

\$ 0 (1) Common Â 12/14/2012 G D 1,315 15 Stock

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. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. of D Sc B O E I S Fi (I |
|---|---|---|---|---|---|---------------------|--------------------|-------|--|---|--|
| | | | | | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|---|----------|---------------|----------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Dalrymple Christopher Kent ALLEGHANY CORPORATION 7 TIMES SQUARE TOWER, 17TH FLOOR NEW YORK, NY 10036 | Â | Â | SVP, General Counsel | Â | | | | |
| Signatures | | | | | | | | |

| /s/ Christopher K. Dalrymple | 01/22/2013 |
|---------------------------------|------------|
| | |

**Signature of Reporting Person

Explanation of Responses:

If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Gift to third party for no consideration.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.