Flagstone Reinsurance Holdings Ltd Form 3 March 29, 2007 FORM 3 UNITED STATE

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> O'SHAUGHNESSY JAMES			Statement (Month/Day/Year)	 ³ 3. Issuer Name and Ticker or Trading Symbol Flagstone Reinsurance Holdings Ltd [FSR] 				
(Last)	(First)	(Middle)	03/29/2007	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
FLAGSTONE REINSURANCE HOLDINGS LIMITED, 23 CHURCH STREET (Street)				(Check all applicable) Director 10% Owner X Officer Other (give title below) (specify below) Chief Financial Officer		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 		
HAMILTON, D0, HM11						Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I -	Non-Derivat	tive Securiti	es Be	neficially Owned	
1.Title of Secu (Instr. 4)	ırity		2. Amount Beneficially (Instr. 4)	of Securities y Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na Owne (Instr	-	
Reminder: Report on a separate line for each class of securities benefic owned directly or indirectly.				- 3	SEC 1473 (7-02)		
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.								

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership	
		(Instr. 4)	Price of	Derivative	(Instr. 5)	
	Date Exercisable Expiration Date	Title Amount or Number of	Derivative Security	Security: Direct (D)		

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				Shares		or Indirect (I) (Instr. 5)	
Performance Share Units	12/31/2008 <u>(1)</u>	03/31/2009(2)	Common Shares	40,000 (<u>3)</u>	\$ 0 <u>(4)</u>	D	Â
Performance Share Units	12/31/2009(1)	03/31/2010(2)	Common Shares	35,000 (<u>3)</u>	\$ 0 <u>(4)</u>	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships				
1	Director	10% Owner	Officer	Other	
O'SHAUGHNESSY JAMES FLAGSTONE REINSURANCE HOLDINGS LIMITED 23 CHURCH STREET HAMILTON, D0, HM11	Â	Â	Chief Financial Officer	Â	
Signatures					
/s/ James 03/20/2007					

O'Shaughnessy **Signature of Reporting Person
Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) These Performance Share Units ("PSUs") would vest, subject to the contingency described in note 4 below and the other terms and conditions of the issuer's PSU Plan, on the date shown.
- (2) Assumes the issuer will settle these PSUs within three months of the vesting date.
- (3) Represents the mid-point of the vesting range described in note 4 below for these PSUs.

Vesting of PSUs is contingent upon the issuer meeting certain fully diluted return-on-equity ("FDROE") goals. Upon vesting, the PSU holder shall be entitled to receive a number of common shares of the issuer (or the cash equivalent, at the election of the issuer) equal to

(4) Indicer shall be enduced to receive a number of common shares of the issuer (of the cash equivalent, at the election of the issuer) equal to the product of the number of PSUs granted multiplied by a factor based on the issuer's FDROE during the vesting period. The factor will range between zero and two, depending on the FDROE achieved during the vesting period.

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.