Edgar Filing: Morrison Michael I D - Form 4

Morrison Mic	chael I D											
Form 4												
March 03, 20	08											
FORM	4							~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		PPROVAL		
	UNITED) STATES					NGE (COMMISSION	OND	3235-0287		
Check this	s box		Was	hington,	D.C. 205	549			Number:			
if no long	or		ECHAN	CEC DU	DENIER	CIAI			Expires:	January 31, 2005		
subject to		MENIO	F CHAN			CIA		NERSHIP OF	Estimated a			
Section 10				SECUR	ITIES				burden hou			
Form 4 or Form 5		report to	Saction 16	$S(a) \circ f th$	Soouriti	oc Er	rohon	x_2 A at of 1024	response	0.5		
obligation	· ·							ge Act of 1934, of 1935 or Sectio	'n			
may conti	nue.		of the Inv	•	•	- ·			/11			
See Instru 1(b).	iction	50(II)	of the m	vestment	compan	y 1101	. 01 1)	-10				
1(0).												
(Print or Type R	(esponses)											
1. Name and Address of Reporting Person _ 2.1				Name and	Ticker or 7	Гradin	g	5. Relationship of Reporting Person(s) to				
Morrison Mi	Symbol					Issuer						
	ALLIED WORLD ASSURANCE					(Check all applicable)						
			CO HOI	LDINGS	LTD [AV	NH]		(Cheo	ck all applicable	5)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					X Director 10% Owner				
			(Month/Day/Year)					Officer (give title Other (specify below) below)				
ALLIED WORLD ASSURANCE			02/28/2008					below)	below)			
	NGS, LTD, 27											
RICHMONI	D ROAD											
	(Street)		4. If Amer	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
	Filed(Mon	Filed(Month/Day/Year)					Applicable Line)					
								X Form filed by	One Reporting Pe More than One Re			
	E, BERMUDA,	, D0 HM						Person		cporting		
08												
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned		
1.Title of	2. Transaction D	ate 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yea		cution Date, if TransactionAcquired (A) or				Securities	Form: Direct	Indirect			
(Instr. 3)		any	Code Disposed					Beneficially	(D) or	Beneficial		
		(Month	/Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
								Reported	((
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	02/20/2000			٨	1 502	. í	\$0	12 006	D			
Shares	02/28/2008			А	1,502	А	(1)	12,996	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. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	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

Reporting Owner Name / Address		Relationships						
	Di	rector	10% Owner	Officer	Other			
Morrison Michael I D ALLIED WORLD ASSURANCE CO HOLDING 27 RICHMOND ROAD PEMBROKE, BERMUDA, D0 HM 08	S, LTD	X						
Signatures								
/s/ Wesley D. Dupont, by Power of Attorney	03/03/2008							
<pre>**Signature of Reporting Person</pre>	Date							
Explanation of Paspaneses								

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) Grant of Restricted Stock Units for no monetary consideration. Restricted Stock Units convert into Common Shares upon the vesting of such units on a one-for-one basis.

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.