### Edgar Filing: Allied World Assurance Co Holdings, AG - Form 4

Allied World Assurance Co Holdings, AG Form 4 February 20, 2014

FORM	14								-	PPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							N OMB Number:	3235-0287			
if no lon	aer.									January 31, 2005	
subject t Section	subject to Section 16. SECURITIES Form 4 or							Estimated burden hou response	average urs per		
obligation may con <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the l	Public U		ding Cor	npany	y Act	of 1935 or Secti			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Ziegler Kent W			2. Issuer Name <b>and</b> Ticker or Trading Symbol Allied World Assurance Co Holdings, AG [AWH]				ng	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/18/2014			Director 10% Owner X Officer (give title Other (specify below) below) SVP, Finance & CAO					
CO. HOLD AG, LINDI	NGS, ENSTRASSE 8							511		.0	
				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				
BAAR/ZU	G, V8 CH-6340							Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secur	ities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D) 4 and 5 (A) or	1	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)	
Reminder: Rep	port on a separate lir	e for each cl	ass of sec	urities bene	ficially own	ned dir	rectly o	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.

 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)	A. Deemed Execution Date, if any (Month/Day/Year)	Code	5. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	of Derivative Expiration Date Securities (Month/Day/Year) Acquired A) or Disposed of D) Instr. 3, 4,		Underlying Securities (Instr. 3 and 4)		8. Pr Deriv Secu (Inst
				Code V	(A) (D)	) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	02/18/2014		А	1,974	(2)	(2)	Common Shares	1,974	9

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Ziegler Kent W ALLIED WORLD ASSURANCE CO. HOLDINGS, AG LINDENSTRASSE 8 BAAR/ZUG, V8 CH-6340			SVP, Finance & CAO				
Signatures							

/s/ Wayne H. Datz, by Power of	02/20/2014		
Attorney	02/20/2014		
**Signature of Reporting Person	Date		

## <u>\*\*</u>Signature of 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).
- (1) Grant of Restricted Stock Units for no monetary consideration. 1,974 Restricted Stock Units convert into (i) 987 common shares and (ii) cash equal to the market value of 987 common shares (measured at the date of vesting) upon the vesting of such Restricted Stock Units.
- (2) The Restricted Stock Units vest in four equal installments with the first installment vesting on February 18, 2015.
- (3) Represents Restricted Stock Units held by the reporting person that vest in whole or in part in cash.

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.