Allied World Assurance Co Holdings, AG Form 4

May 06, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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Section 16. Form 4 or Form 5 obligations

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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

Common

(Print or Type Responses)

1. Name and Address of Reporting Person * Iglesias Louis

2. Issuer Name and Ticker or Trading Symbol

Allied World Assurance Co Holdings, AG [AWH]

3. Date of Earliest Transaction

(Month/Day/Year) 05/03/2014

5. Relationship of Reporting Person(s) to

Issuer

Director

X_ Officer (give title

(Check all applicable)

President, AW North America

(First)

(Middle)

ALLIED WORLD ASSURANCE CO. HOLDINGS,

AG, LINDENSTRASSE 8

(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

(Instr. 4)

D

below)

BAAR/ZUG, V8 CH-6340

(City) (State) (Zip)

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

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following Reported

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

10% Owner

Other (specify

(A)

Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

F 198 (1) 1,741

05/03/2014 Shares

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of

109 04

information contained in this form are not required to respond unless the form displays a currently valid OMB control

SEC 1474 (9-02)

number.

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

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| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. | 5. orNumber | 6. Date Exerc Expiration Da | | 7. Title Amou | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|--|--------------------------------------|---|-----------------|---|--------------------------------|--------------------|------------------|--|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Monun Day/ Year) | execution Date, if any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/ | | Under Securi | lying | Security (Instr. 5) | 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

Director 10% Owner Officer Other

America

President, AW North

Iglesias Louis

ALLIED WORLD ASSURANCE CO. HOLDINGS,

AG LINDENSTRASSE 8 BAAR/ZUG, V8 CH-6340

Signatures

/s/ Wayne H. Datz, by Power of Attorney 05/06/2014

**Signature of Reporting Person Date

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) Exclusively represents shares withheld by the Company with respect to the payment of withholding tax liability incurred upon the vesting of Restricted Stock Units.

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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