Allied World Assurance Co Holdings, AG

Form 5

February 13, 2015

FORM	5								OMB AF	PPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB Number:	3235-0362			
Check this box if Washington, D.C. 20549 no longer subject							Expires:	January 31, 2005					
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated a burden hour response	verage					
Transactions Reported Transactions Transactions Reported Transactions													
1. Name and AdmcElroy Joh	ddress of Reporting F nn Justin	5	2. Issuer Name and Ticker or Trading Symbol Allied World Assurance Co Holdings, AG [AWH]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle)			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014				_	Director 10% Owner Selow) Other (specify below)					
ALLIED WORLD ASSURANCE CO. HOLDINGS, AG, GUBELSTRASSE 24, PARK TOWER, 15TH FLOOR													
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting					
	(check applicable line)												
ZUG, V8 6300 _X_ Form Filed by On Form Filed by Mo Person							ne Reporting Person ore than One Reporting						
(City)	(State) (Zip)	Table	e I - Non-Deri	vative Secu	ırities	Acqui	red, Disposed of	, or Beneficial	ly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
					Amount	(A) or (D)	Price	(Instr. 3 and 4)					
Common Shares	10/14/2014	Â		G	76,917	D	\$0	4,192 (1) (2)	D	Â			
Common Shares	10/14/2014	Â		G	76,917	A	\$ 0	76,917 <u>(1)</u>	I	By Trust			

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 2270 (9-02)

D

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

 Title of 	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date		of		
					(A) (D)						
					(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Othe		
McElroy John Justin						
ALLIED WORLD ASSURANCE CO. HOLDINGS, AG	Â	Â	COO	â		
GUBELSTRASSE 24, PARK TOWER, 15TH FLOOR	A	А	A C00	Λ		
ZUG, V8 6300						

Signatures

/s/ Wayne H. Datz, by Power of Attorney

02/13/2015

**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) Reflects the issuer's 3-for-1 stock split paid on May 23, 2014.
- (2) Includes 200 common shares acquired on June 30, 2014 and 197 common shares acquired on December 31, 2014 pursuant to the Company's Amended and Restated 2008 Employee Share Purchase Plan.
- (3) Represents 76,917 shares held by a revocable trust for the benefit of the reporting person's children.

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.

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