## Edgar Filing: SPIERING JAN - Form 4

SPIERING JA Form 4	AN										
December 27	, 2011										
FORM							OMB APPROVAL				
		SECURITIES AND EXCHANGE CC Washington, D.C. 20549				COMMISSION	OMB Number:	3235-0287			
Check this if no long subject to Section 16 Form 4 or Form 5	er <b>STATEN</b> 5.	ox <b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5	
obligation may conti <i>See</i> Instru- 1(b).	nue. Section 17(	a) of the	Public Ut		n						
(Print or Type R	esponses)										
			2. Issuer Name <b>and</b> Ticker or Trading Symbol				-	5. Relationship of Reporting Person(s) to Issuer			
			Flagstone Reinsurance Holdings, S.A. [FSR]					(Check all applicable)			
	(First) (1 TONE REINSU SA, 65, AVEN		3. Date of (Month/D 12/20/20	-	insaction			X Director Officer (give below)		b Owner er (specify	
	(Street)	. ,			ndment, Date Original th/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
LUXEMBO	URG, N4 L-161	1						Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecurit	ies Acc	quired, Disposed of	, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. De (Month/Day/Year) 2A. De Execu any (Mont			3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Shares	12/20/2011			М	88,975	A	<u>(1)</u>	98,975	D		
Pamindar: Pana	ort on a senarate line	for each a	lass of soon	ritias hanafi	aially own	d dira	otly or	indiractly			

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.

 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 Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. l De Sec (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Share Units	\$ 0 <u>(1)</u>	12/20/2011		М	88,975	(2)	(2)	Common Shares	88,975	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships					
FB	Director	10% Owner	Officer	Other			
SPIERING JAN C/O FLAGSTONE REINSURANCE HOLDINGS SA 65, AVENUE DE LA GARE LUXEMBOURG, N4 L-1611	A X						
Signatures							
/s/ William F. Fawcett, by power of attorney 12	/23/2011						
**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).

Each Restricted Share Unit ("RSU") represents the right to receive, without payment to the Company, one newly issued, fully paid and non-assessable common share of the Company, subject to the terms and conditions of the RSU Plan and grant certificate evidencing each grant. In the discretion of the Compensation Committee, upon exercise, the RSU grant may alternatively be paid in cash or partly in cash

- and partly in common shares.
- (2) The RSUs vest 100% on the date of grant and have no expiration date.

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.