### DiSipio Christopher N. Form 3 September 28, 2012 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OM

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 30(h) of the Investment Company Act of 1940

#### OMB APPROVAL

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> DiSipio Christopher N.			<ol> <li>Date of Event Requiring Statement</li> <li>(Month/Day/Year)</li> </ol>	3. Issuer Name and Ticker or Trading Symbol AXIS CAPITAL HOLDINGS LTD [AXS]			
(Last)	(First)	(Middle)	09/21/2012	4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)	
C/O AXIS, 1 UNIVERSITY SQUARE DRIVE, SUITE 200			(Check all applicable)			1	
(Street) PRINCETON, NJ 08540				DirectorOwner XOfficerOther (give title below) (specify below) CEO, AXIS Accident & Health			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person
(City)	(State)	(Zip)	Table I - I	Non-Derivat	tive Securiti	es Be	neficially Owned
1.Title of Secur (Instr. 4)	ity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	•
Common Sh	ares		65,200		D	Â	
Reminder: Repo owned directly	-		ch class of securities benefic	<sup>tially</sup> S	SEC 1473 (7-02	)	
	inform	nation conta	pond to the collection of ained in this form are no and unless the form disp	t			

# currently valid OMB control number.

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date	3. Title and Amount of Securities Underlying	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial Ownership
	(Month/Day/Year)	Derivative Security (Instr. 4) Title	or Exercise Price of Derivative Security	Form of Derivative Security: Direct (D)	(Instr. 5)

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address		Relationships				
1		Director	10% Owner	Officer	Other	
DiSipio Christopher N. C/O AXIS 1 UNIVERSITY SQUARE DRIVE, SUITE 200 PRINCETON, NJ 08540		Â	Â	CEO, AXIS Accident & Health	Â	
Signatures						
Richard T. Gieryn, Jr., Attorney-in-Fact	09/28/2012					
**Signature of Reporting Person	Date					

# **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(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).

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.