FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | 0.5 | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Myron Robert Patrick (Last) (First) (Middle) WELLESLEY HOUSE, 2ND FLOOR 90 PITTS BAY ROAD (Street) | | | | | | Issuer Name and Ticker or Trading Symbol James River Group Holdings, Ltd. [JRVR] One of Earliest Transaction (Month/Day/Year) One of Earliest Transaction (Month/Day/Year) One of Earliest Transaction (Month/Day/Year) If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Pres. & COO 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
|--|--|------------|---|----------|---|---|---------|----------|--|------|-------------------|---|------------------|----------------------|--|--|--|--|---|--|
| PEMBR (City) | | | Zip) | | | | | | | | | | | | Perso | • | re tna | in One Rep | orting | |
| | | Tab | le I - N | on-Deriv | ative S | Sec | urities | Ac | quired, [|)isp | osed o | of, or l | 3ene | ficia | ly Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date, | | | 3. 4. Securities Disposed Of and 5) | | | | | | r 5. Amo Securii Benefi Owned | ies cially | For (D) | m: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amoun | nt (A) or (D) | | Price | Report Transa | | (iiis | ur. 4) | (111511.4) | |
| Common | Shares | | 2016 | 016 | | Α | | 9,355(1) | | Α | \$ <mark>0</mark> | 10 | 00,705 | | D | | | | | |
| | 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 | | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | on of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | r. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. | Beneficial Ownership | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | piration te | Title | or Nui of | ount mber ares | | | | | | |
| Employee Share Option (Right to Buy) | \$32.07 | 02/16/2016 | | | A | | 54,054 | | (2) | 02 | /15/2023 | Commo | ^{on} 54 | ,054 | \$0 | 54,054 | | D | | |

Explanation of Responses:

- 1. Grant of restricted share units (payable solely in common shares of the Issuer on each vesting date), vesting in three equal annual installments on February 16 of each of the years 2017 through 2019.
- $2. \ The \ share \ option \ vests \ in \ three \ equal \ annual \ installments \ on \ February \ 16 \ of \ each \ of \ the \ years \ 2017 \ through \ 2019.$

Remarks:

<u>/s/ Robert P. Myron</u> <u>02/17/2016</u>

** Signature of Reporting Person Date

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

 $^{^{\}star}$ 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).