| SEC Form 4 | |
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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

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

| | | Table I - Non-Deriv | ative Securities Acquired, Disposed of, or Benef | ficially | Owned | | | |
|---------------------------------|------------------|------------------------|--|------------|--|---------------------------------|---|------|
| (City) | (State) | (Zip) | | | 1 613011 | | | |
| (Street) PEMBROKE | D0 | HM 08 | | Line) X | | by One Report by More than (| ting Person One Reporting | J |
| 90 PITTS BAY | (KUAD | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi | idual or Joint | /Group Filing (| (Check Applica | able |
| | | JP HOLDINGS, LTD. | 10/20/2022 | | 511 | , | J | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 10/26/2022 | 1 ^ | below) | Chief Actu | below) | - |
| 1. Name and Addr Gelinne Day | | ng Person [*] | 2. Issuer Name and Ticker or Trading Symbol James River Group Holdings, Ltd. [JRVR] | | ionship of Re all applicable Director Officer (give | e) | on(s) to Issuer 10% Owner Other (specit | |
| Instruction 1(b) | | File | d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | ļ. | | | 0130. | |
| | ly continue. See | | | | 11 | hours per resp | onse: | 0.5 |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Disposed Of 5) | | | Securities Beneficially | Form: Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|------------------------------------|---------------|---------|------------------------------------|--------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Shares | 10/26/2022 | | F | | 2,615(1) | D | \$23.15 | 12,652 | D | |

| | | Ta | ble II - Derivat (e.g., pı | | | | | | oosed of, convertib | | | | d | | |
|---|---|--|---|------------------------------|---|---|---------------------------|---|------------------------|------------------------------|--|---|--|--|---------------------------------------|
| 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. Transa Code (8) | | of Deriv Secu Acqu (A) o Disp of (D | r osed) r. 3, 4 | 6. Date Exer Expiration D (Month/Day/ | ate | Amo Secu Unde Deriv | rlying ative rity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The shares disposed of were withheld by James River Group Holdings, Ltd. for payment of the tax liability incident to the vesting of 7,633 restricted share units on October 26, 2022.

| /s/ David B. Gelinne |
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** Signature of Reporting Person Date

10/27/2022

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

* 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).

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.