Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|--|------------------------------------|------------------|
| Section 16. Form 4 or Form 5 | | |
| obligations may continue. See | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* DAVIS GREGG T (Last) (First) (Middle) WELLESLEY HOUSE, 2ND FLOOR 90 PITTS BAY ROAD | | | | | - <u>Ja</u> | 2. Issuer Name and Ticker or Trading Symbol James River Group Holdings, Ltd. [JRVR] 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2016 | | | | | | | | Direct X Office below | ationship of Reporting Pers (all applicable) Director Officer (give title below) Chief Financial | | | ner pecify |
|---|---|--|------------|-------------------------------|--|---|--|--------------|---|--------------|---|--------------------|---|--|---|--|--|---------------|
| 90 PITTS BAY ROAD (Street) PEMBROKE D0 HM 08 (City) (State) (Zip) | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Lin | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | | | saction | ction 2A. Deemed Execution Date, | | | quired, Disposed of, or Benefi 3. Transaction Code (Instr. 5) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | ed (A) or | 5. Amou | int of 6. 0 | | : Direct | 7. Nature of Indirect Beneficial | |
| (Mor | | | (Month | i/Day/Ye | ay/Year) if any (Month/D | | nth/Day/Year) | | v | 5) Amount | nt (A) or (D) | | Owned Reporte Transac | eneficially wned Following eported 'ansaction(s) nstr. 3 and 4) | | str. 4) | Ownership (Instr. 4) | |
| Common Shares 02/16/ | | | | | | | A | | 5,457 | | | | 102,385 | | D | | | |
| | | - | Table II - | Deriva (e.g., | ative puts, | Seci | urities <i>i</i> s, warra | Acqı ants | uired, D , option | ispo s, c | osed of, onvertil | or Ben ble secu | eficially ırities) | Owned | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | xercise (Month/Day/Year) e of vative | if any | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative 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 Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | expiration Date | Title | Amount or Number of Shares | | | | | |
| Employee Share Option (Right to | \$32.07 | 02/16/2016 | | | A | | 31,532 | | (2) | 0 | 2/15/2023 | Common Share | 31,532 | \$0 | 31,53 | 2 | 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:

/s/ Gregg T. Davis

02/17/2016

** Signature of Reporting Person

Date

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.