FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| STATEMENT | OF CHAI | NGES IN B | ENEFICIAL | _ OWNERSHIP |
|-----------|---------|-----------|-----------|-------------|

| OMB APPRO              | VAL       |
|------------------------|-----------|
| OMB Number:            | 3235-0287 |
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| 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).

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*   |     |            |  |                                     | 2. Issuer Name <b>and</b> Ticker or Trading Symbol       |  |         |   |  |     |   |       |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |   |   |  |           |
|--|-----|------------|--|-------------------------------------|--|--|---------|---|--|-----|---|-------|---|---|---|---|---|--|-----------|
| Myron Robert Patrick   |     |            |  | <u>Jar</u>                          | James River Group Holdings, Ltd. [ JRVR ]                |  |         |   |  |     |   | 100   | Sheck<br>X                                    | all app   | ,   | 10%   | Owner   |  |           |
|  |     |            |  | -                                   |  |  |         |   |  |     |   |       |   | X   | Office  | er (give title  | Othe  | r (specify   |           |
| (Last) (First) (Middle)  |     |            |  |                                     |  | 3. Date of Earliest Transaction (Month/Day/Year) |         |   |  |     |   |       |   | Λ   | belov   | ,   | belo<br>utive Office  | ,  |           |
|  |     | GROUP HOLE | INGS, L                                      | TD.                                 | 02/  | 02/16/2019                                       |         |   |  |     |   |       |   |   |   | •   | Ciller Exec   | unve Office.   |           |
| 90 PITTS BAY ROAD  |     |            |  |                                     |  |  |         |   |  |     |   |       |   |   |   |   |   |  |           |
|  |     |            |  | 4. If                               | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |         |   |  |     |   |       |   | 6. Individual or Joint/Group Filing (Check Applicable Line)             |   |   |   |  |           |
| (Street) PEMBROKE D0 HM 08   |     |            |  |                                     |  |  |         |   |  |     |   |       | X Form filed by One Reporting Person          |   |   |   |   |  |           |
| - INTO   |     |            |  |                                     |  |  |         |   |  |     |   |       | Form filed by More than One Reporting         |   |   |   |   |  |           |
| (City)   | (St | ate) (     | Zip)   |                                     |  |  |         |   |  |     |   |       |   |   |   | Pers  | on  |  |           |
|  |     | Tabl       | e I - Noi                                    | n-Deriv                             | ative  | Sec  | curitie | s Acq   | uired,   | Dis | posed o   | f, oı | r Ben   | eficia  | ally (  | Owne  | ed  |  |           |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |     |            |  |                                     | Execution Date,  |  | Date,   | 3. Transaction Code (Instr. 8)  4. Securities Acqu Disposed Of (D) (In 5) |  |     |   |       | Securities<br>Beneficially<br>Owned Following |   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)   |   |  |           |
|  |     |            |  |                                     |  |  |         |   | Code   | v   | Amount (A) or (D)   |       | (A) or<br>(D)                                 | Price   |   | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |   |  | (11150.4) |
| Common Shares 02/16/   |     |            |  |                                     | /2019  | 019 F 1,363 <sup>(1)</sup> D \$40.61             |         | 1 292,914 D   |  |     |   |       |   |   |   |   |   |  |           |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |     |            |  |                                     |  |  |         |   |  |     |   |       |   |   |   |   |   |  |           |
| Derivative Conversion Date Executive or Exercise (Month/Day/Year) if an  |     |            | 3A. Deem<br>Execution<br>if any<br>(Month/Da | n Date, Transaction<br>Code (Instr. |  |  | on of   |   | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |     | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |       | str. 3  |   | ivative durity Str. 5) E  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |           |
|  |     |            |  |                                     | Code   | v  | (A)     |   | Date<br>Exercisa   |     | Expiration<br>Date  | Title | or<br>Nur<br>of                               | ount<br>nber<br>ires  |   |   |   |  |           |

## **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 3,119 restricted share units on February 16, 2019.

## Remarks:

<u>/s/ Robert P. Myron</u>
\*\* Signature of Reporting Person

02/19/2019

Date

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

- $^{\star}$  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).

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.