### Edgar Filing: Maiden Holdings, Ltd. - Form 4

Maiden Hol	dings, Ltd.							
Form 4 June 22, 201	16							
	OMB APPROVAL							
FORM	MMISSION OMB Number: 3235-028	37						
Check th if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr 1(b).	ger o 16. or Filed pur ons stinue.	IENT OF CHA suant to Section a) of the Public	<ul> <li>Anges IN BENEFICIAL OWNE SECURITIES</li> <li>16(a) of the Securities Exchange A Utility Holding Company Act of 19 Investment Company Act of 1940</li> </ul>	<b>EXPIRES:</b> 200 Estimated average burden hours per response 0 Act of 1934,	Expires:January 31, 2005Estimated average burden hours per response0.5			
(Print or Type	Responses)							
1. Name and A Zyskind Ba	Address of Reporting I urry D	Symbo		Relationship of Reporting Person(s) to suer (Check all applicable)				
(Last)	(First) (M	Aiddle) 3. Dat	of Earliest Transaction	(Check all applicable)				
		L 06/20	/2016 —	_X_ Director 10% Owner Officer (give title Other (specify below) below)				
NEW YOR	(Street) K, NY 10038		Annth/Day/Year)	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>				
(City)		( <b>7</b> in)						
(City)	(State)	(Zip) T	able I - Non-Derivative Securities Acquir	ed, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code (Instr. 3, 4 and 5) (Instr. 8) (A)	5. Amount of Securities6.7. Nature o IndirectBeneficiallyForm:BeneficialOwnedDirect (D)OwnershipFollowing Reportedor Indirect(Instr. 4)(Instr. 3 and 4)(Instr. 4)				
Common Shares	06/20/2016		J <sup>(1)</sup> 3,200,000 A \$0	6,374,292 D				
Common Shares				95,000 I See $(2)$				
D 1 D	· · · ·	c 1 1 c		4				

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

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 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	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
		Director	10% Owner	Officer	Other			
Zyskind Barry D C/O AMTRUST FINANCIAL SERVICES, INC. 59 MAIDEN LANE, 43RD FLOOR NEW YORK, NY 10038		Х						
Signatures								
/s/ Barry Zyskind	06/22/2016							
**Signature of	Date							

## **Explanation of Responses:**

- \* 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).

In 2015, the Michael Karfunkel 2005 Grantor Retained Annuity Trust distributed 5,500,470 Common Shares by its terms to the Michael Karfunkel Family 2005 Trust (the "Family Trust"). The Reporting Person is co-trustee of the Family Trust, and as of June 20, 2016, has

(1) Kartuneer raining 2005 trust (the Training trust ). The Reporting reason is co-trustee of the Family Trust, and as of Julie 20, 2010, has voting and dispositive power over 3,200,000 of the Common Shares held by the Family Trust. The Reporting Person's spouse is a beneficiary of the Family Trust.

Common shares held by Teferes Foundation, a charitable foundation controlled by the Reporting Person. The Reporting Person does not(2) have a beneficial interest in the shares owned by Teferes Foundation, and therefore disclaims beneficial ownership of these common shares.

#### **Remarks:**

Reporting Person

Mr. Zyskind is the non-executive Chairman of the Board of Directors of the Issuer.

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.