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* Crow Michael E					2. Issuer Name and Ticker or Trading Symbol James River Group Holdings, Ltd. [JRVR]									eck all app Direct	ionship of Reporting F all applicable) Director		10% O	wner		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)								x	Officer (give title below)			specify	
C/O JAMES RIVER GROUP HOLDINGS, LTD.							11/06/2015									below) below) Principal Accounting Officer			r	
32 VICTORIA STREET					4 If A	4. If Amendment, Date of Original Filed (Menth/Dev/March)									, ,					
52 VIOTORIATORIZET						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X Form	filed by One	Rep	orting Pers	on	
HAMILTON D0 HM 12															Form filed by More than One Reporting Person					
(O;t.)																				
(City)	(5)	tate) (Zip)																	
		Tab	le I - I	Non-Deriv	/ative	Sec	urit	ies Ac	quired,	Dis	posed (of, or	Ben	eficia	lly Owne	d				
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/\text{\text{Month/Day/\text{\text{N}}}}					y/Year)	Exec if an	Deemed ecution Date, ny onth/Day/Year)		Transaction Dispose Code (Instr. 5)			rities Acquired (A ed Of (D) (Instr. 3,			nd Securi Benefi Owned	cially I	Fori (D) (Indi	m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		A) or D)	Price				tr. 4)	(Instr. 4)	
Common Shares 11/06/20						15			M		50,00	50,000 A		\$15.6	65 6	60,050		D		
Common Shares 11/06/20					015)15			F		34,19	7 ⁽¹⁾ D		\$30.	6 25,853			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	3. Transaction Date (Month/Day/Year)	Execut if any	Execution Date,		4. Transaction Code (Instr. 8)		ivative urities quired or posed D) str. 3, 4	6. Date Exercisable a Expiration Date (Month/Day/Year)			e and 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
						v	(A)	(D)	Date Exercisab		expiration Date	Title	or No of	umber						
Employee Share Option (Right to Buy)	\$15.65	11/06/2015			M			50,000	(2)	0	4/07/2016	Comn		0,000	\$0	0		D		

Explanation of Responses:

- 1. The shares disposed of were withheld by James River Group Holdings, Ltd. for payment of the exercise price and tax liability incident to the exercise of the option referenced in Table II.
- 2. 25% of the share option vested immediately upon grant, and the remaining portion of the share option vested in three 25% increments on April 7 of each of the years 2010 to 2012.

Remarks:

<u>/s/ Michael E. Crow</u> <u>11/10/2015</u>

** 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.