GREENLIGHT CAPITAL RE, LTD.

Form 4

September 01, 2016

| FORM 4 | DRM 4 | | | | | | | | OMB APPROVAL | | | |
|--|--|-------------|--|--|--|-------------------|---------|--|---|---|--|--|
| | Washington, D.C. 20549 | | | | | | E CC | OMMISSION | OMB Number: 3235-02 | | | |
| Check this bo if no longer | | | | | | | | | Expires: | January 31, 2005 | | |
| subject to Section 16. Form 4 or | ection 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | ERSHIP OF | Estimated av burden hour response | verage | | |
| Form 5 obligations may continue <i>See</i> Instruction 1(b). | Section 17 | 7(a) of the | o Section 16(a) e Public Utility n) of the Inves | y Holding | Compa | ny A | ct of 1 | 1935 or Section | | | | |
| (Print or Type Resp | onses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person * McNichols James | | | Symbol GREENLIC | GREENLIGHT CAPITAL RE, LTD. | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | | | [GLRE] | | | | | (3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3- | | | | |
| (Last) | (First) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | Director 10% Owner X Officer (give title Other (specify | | | | |
| 65 MARKET S 1207, CAMAN 31110 | | | 08/31/2016 | | | | t | pelow) Chief A | below) actuarial Office | r | | |
| | (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| GEORGE TOV | VN, E9 KY1 | 1205 | | | | | - F | Form filed by Mo Person | ore than One Rep | oorting | | |
| (City) | (State) | (Zip) | Table I - | Non-Deriv | ative Sec | urities | Acqui | ired, Disposed of, | or Beneficiall | y Owned | | |
| 1.Title of Security (Instr. 3) | any | | ecution Date, if | 3. Transactio Code (Instr. 8) | 4. Securi nAcquired Disposed (Instr. 3, | (A) or l of (D |) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | | |
| CLASS A ORDINARY SHARES | 08/31/2016 |) | | D <u>(1)</u> | 4,914 | D | \$ 0 | 0 | D | | | |

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

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 control number.

SEC 1474

(9-02)

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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 | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exerc | cisable and | 7. Title | and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------|-------------|------------|--------------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | onNumber | Expiration D | ate | Amoun | t of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Underly | ying | Security | Secui |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Securit | ies | (Instr. 5) | Bene |
| | Derivative | | | | Securities | | | (Instr. 3 | 3 and 4) | | Own |
| | Security | | | | Acquired | | | | | | Follo |
| | • | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | | A manuat | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | Expiration | | Or Number | | |
| | | | | | | Exercisable | Date | Title Numb | Number | | |
| | | | | C + V | (A) (D) | | | | | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

McNichols James 65 MARKET STREET, SUITE 1207 CAMANA BAY, P.O. BOX 31110 GEORGE TOWN, E9 KY11205

Chief Actuarial Officer

Signatures

/s/ Tim Courtis, as attorney in fact 09/01/2016

**Signature of Reporting Person 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).
- (1) These shares related to restricted shares which were forfeited by the Reporting Person pursuant to the issuer's stock incentive plan.

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.

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