Flagstone Reinsurance Holdings Ltd Form 3

March 29, 2007

# FORM 3

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** 

**OMB** Number:

3235-0104

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January 31, 2005

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting

Person \*

 **BYRNE MARK JAMES** 

(Last)

(First)

(Middle)

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Statement

(Month/Day/Year)

03/29/2007

Flagstone Reinsurance Holdings Ltd [FSR]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

FLAGSTONE REINSURANCE **HOLDINGS LIMITED, 23** CHURCH STREET

(Street)

\_X\_ Director \_X\_ 10% Owner \_X\_ Officer Other

(Check all applicable)

(give title below) (specify below) **Executive Chairman** 

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting Person

Form filed by More than One

Reporting Person

HAMILTON, D0, HM11Â

(City) (State)

1. Title of Security (Instr. 4)

(Zip)

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership

Table I - Non-Derivative Securities Beneficially Owned

4. Nature of Indirect Beneficial

Ownership Form: (Instr. 5)

Direct (D) or Indirect (I)

(Instr. 5)

Common Shares 9,740,000 Ι See Footnote (1)

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

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.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying **Derivative Security** (Instr. 4)

4. 5. Conversion Ownership or Exercise Form of Price of Derivative

6. Nature of Indirect Beneficial

Ownership

(Instr. 5)

Derivative Security:

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Title

Exercisable	Date		Number of Shares		or Indirect (I) (Instr. 5)	
12/01/2010	12/31/2010	Common Shares	8,362,518	\$ 14	I	See Footnote (2)

Amount or

Security

Direct (D)

### **Reporting Owners**

Date

Expiration

Reporting Owner Name / Address

Director 10% Owner Officer Other

BYRNE MARK JAMES

FLAGSTONE REINSURANCE HOLDINGS LIMITED 23 CHURCH STREET

HAMILTON, D0, HM11Â

## **Signatures**

Warrant

/s/ Mark J.

Byrne

\*\*Signature of Reporting Person

Date

### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

These shares represent the indirect proportionate interest of the reporting person in 10,000,000 common shares of the issuer held of record by Haverford (Bermuda) Limited, based upon the proportionate contribution of the reporting person to the capital of Haverford (Bermuda) Limited. The reporting person may be deemed to have investment or voting control over Haverford (Bermuda) Limited. These shares are held through a trust for the benefit of others and the reporting person therefore disclaims beneficial ownership of these shares.

These shares represent the indirect proportionate interest of the reporting person in a warrant, to be exercisable for 8,585,747 common shares, held of record by Haverford (Bermuda) Limited, based upon the proportionate contribution of the reporting person to the capital

(2) of Haverford (Bermuda) Limited. The reporting person may be deemed to have investment or voting control over Haverford (Bermuda) Limited. The warrant is held through a trust for the benefit of others and the reporting person therefore disclaims beneficial ownership of the warrant.

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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