Edgar Filing: ASSURED GUARANTY LTD - Form 4

| ASSURED C Form 4 February 05, | GUARANTY LT 2008 | D | | | | | | | | | |
|--|--|---------|--|---|-----------|-------|--|--|--|----------------------------|--|
| FORM | UNITED | | RITIES A shington, | | | NGE C | COMMISSION | OMB AF OMB Number: | PROVAL 3235-0287 | | |
| if no long subject to Section 1 | er STATEN 6. | AENT OI | F CHAN | GES IN SECUR | | ICIA | L OWI | NERSHIP OF | Expires: January 2 Estimated average burden hours per | | |
| 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 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | 1935 or Section | response 0. on | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| Bailenson Robert Symbol | | | | r Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | [AGO] | ED GUARANTY LTD | | | | (Check all applicable) | | | |
| | (First) (GUARANTY L JRNE AVENUE | | 3. Date of (Month/D 02/01/20 | - | ansaction | | | Director X Officer (give below) Chief A | | Owner r (specify cer | |
| | | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | |
| HAMILTON | N, D0 HM08 | | | | | | | _X_ Form filed by C Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | | | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect | | |
| | | | | Code V | Amount | or | Price \$ | Transaction(s) (Instr. 3 and 4) | | | |
| Common Shares | 02/01/2008 | | | F | 600 | D | $\frac{\phi}{25.35}$ | 31,500 | 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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| De Se | Title of erivative ecurity nstr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amou Unde Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|----------|--|---|---|---|---------------------------------------|---|--|--------------------|-----------------------|---|---|--|
| | | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|--------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Bailenson Robert ASSURED GUARANTY LTD. 30 WOODBOURNE AVENUE HAMILTON, D0 HM08 | | | Chief Accounting Officer | | | | | |
| Signatures | | | | | | | | |
| By: James M. Michener, Attorney-in-fact | | 02/04/20 | 08 | | | | | |
| **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) Common Shares being witheld to pay tax liability.

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.