Edgar Filing: Security Capital Assurance Ltd - Form 4

Security Capital Assurance Ltd Form 4 August 02, 2006

August 02, 2	006											
FORM	14								-	PPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi if no long subject to	ser STATI	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								January 31, 2005 average		
Section 16. Form 4 or				SECURITIES					burden hou response			
Form 5 obligation may cont <i>See</i> Instru 1(b).	^{1s} Section 1	7(a) of the		ility Hole	ding Con	ipany	Acto	e Act of 1934, f 1935 or Sectio 40	n			
(Print or Type F	Responses)											
ROSS COLEMAN D Symt			2. Issuer Symbol	Security Capital Assurance Ltd				5. Relationship of Reporting Person(s) to Issuer				
			Security [SCA]					(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of (Month/D 08/01/20	-	ransaction			X Director Officer (give below)		Owner er (specify		
(Street) 4. If Amer				Amendment, Date Original (Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
								Applicable Line) _X_ Form filed by One Reporting Person				
WEST SIM	SBURY, CT 0	6092						Form filed by M Person	More than One Re	porting		
(City)	(State)	(Zip)	Table	e I - Non-E	Derivative	Securi	ties Acc	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if		on Date, if	3.4. Securities AcquiredTransaction(A) or Disposed ofCode(D)(Instr. 8)(Instr. 3, 4 and 5)			Securities Energia Securities Sec	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
G				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Shares	08/01/2006			Р	4,000	А	\$ 20.5	4,000	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)

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Under Secur	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		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ROSS COLEMAN D 6 WILD FLOWER LANE WEST SIMSBURY, CT 06092	Х						
Signatures							
Sarah Fox, Attorney-in-fact for Coleman Ross	08/02/2006			6			
**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).

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.