Edgar Filing: Brooks Alan Michael - Form 4

Brooks Alan Mi	chael												
Form 4													
May 07, 2018													
FORM 4	1								OMB APPROVAL				
	UNITE	D STATE	D STATES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549						OMB Number:	3235-0287			
Check this box									Expires:	January 31,			
if no longer subject to	STATI	EMENT (OF CHANGE	S IN BE	2003								
Section 16.			SI	SECURITIES					Estimated average burden hours per				
Form 4 or								response	0.5				
Form 5	Filed p	oursuant to	Section 16(a)) of the So	ecurities	Exch	nange	Act of 1934,					
obligations	Section 1						-	1935 or Section					
may continue See Instruction 1(b).	•		n) of the Inves			•							
(Print or Type Resp	onses)												
1. Name and Address of Reporting Person <u>*</u> Brooks Alan Michael			2. Issuer Na	2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to					
			Symbol	Symbol GREENLIGHT CAPITAL RE, LTD. [GLRE]					Issuer				
									(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)			_	_X_ Director Officer (give t	itle Othe	Owner r (specify				
			05/03/2018						below) below)				
1207,, CAMAN	IA BAY, P	.O. BOX											
31110,													
	(Street)		4 If Amendm	ent Date C	riginal		f	5 Individual or Ioi	nt/Group Filin	o(Check			
(Succe)				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				
	T nea(monard												
GEORGE TOW	/N, E9 KY	11205						Form filed by Me Person	ore than One Rep	porting			
(City)	(State)	(Zip)	Table I -	Non-Deriv	vative Sec	urities	s Acqui	ired, Disposed of,	or Beneficiall	y Owned			
1.Title of Security	2 Transactio	on Date 2A	Deemed	3.	4. Securi	ties		5. Amount of	6.	7. Nature of			
(Instr. 3)			ecution Date, if						Ownership	Indirect			
		any					ed of (D) Beneficially		Form: Direct Bene	Beneficial			
		(M	onth/Day/Year)	(Instr. 8)	(Instr. 8) (Instr. 3, 4 and 5)			Owned		Ownership			
								Following	Indirect (I)	(Instr. 4)			
						(A)		Reported Transaction(s)	(Instr. 4)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)					
CLASS A		0			6.0.10		\$0	10- 00-	-				
ORDINARY SHARES	05/03/201	8		А	6,840	А	(<u>1</u>)	137,285	D				

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

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt of 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		

Reporting Owners

Reporting Owner Name / Address		Relationships							
r e e e e e e e e e e e e e e e e e e e	Director	10% Owner	Officer	Other					
Brooks Alan Michael 65 MARKET STREET, SUITE 120 CAMANA BAY, P.O. BOX 31110, GEORGE TOWN, E9 KY11205	7, X								
Signatures									
/s/ Tim Courtis, attorney-in-fact	05/04/2018								
**Signature of Reporting Person	Date								
Explanation of Resp	oneae								

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) The restricted stock award was granted pursuant to the Greenlight Capital Re, Ltd. Amended and Restated 2004 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.