FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington, D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response	. 0.5									

	tion 1(b).	nuc. Sec		Filed	pursua or Se	nt to S ction 3	ection 0(h) o	16(a) f the Ir	of the Sonvestmen	ecuriti nt Cor	ies Exchang npany Act o	e Act o f 1940	f 1934		nours	per re	esponse:	0.5	
1. Name and Address of Reporting Person* <u>Carlson Peter M</u>					2. Issuer Name and Ticker or Trading Symbol WHITE MOUNTAINS INSURANCE GROUP LTD [WTM]									Relationsh Check all ap X Dire		ng Pei	rson(s) to Is		
(Last) (First) (Middle) C/O WHITE MOUNTAINS INSURANCE				3. Date of Earliest Transaction (Month/Day/Year) 09/20/2022									Offic belo	er (give title w)		Other (s below)	specify		
GROUP, LTD 23 SOUTH MAIN STREET, SUITE 3B					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) HANOVER NH 03755														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)																
		Table	l - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benefic	ially Owr	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,				es Acquired (A) Of (D) (Instr. 3, 4		nd Secur Benef	icially d Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	mount (A) or (D)		Trans	ransaction(s) nstr. 3 and 4)			(11150.4)			
Common Shares 09/20/2				2022		S		200	D	\$1,4	100	788		D					
		Та	ble II -								osed of, convertib				d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med 4. Transic Code 8)		action of De Se Ac (A Disort		sed . 3, 4	6. Date Exer Expiration D (Month/Day/		te	7. Title Amou Secur Under Deriva Secur 3 and	int of ities rlying ative ity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V (A) (D)		Date Exercis	able	Expiration Date	Title	Amount or Number of Shares								

Explanation of Responses:

Wesley C. Bell, by Power of **Attorney**

09/22/2022

** Signature of Reporting Person Date

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

- * 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.

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 Number.