SEC For	m 4																
FORM 4 UNITED S				) STAT	TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549											OVAL	
to Section 16. Form 4 or Form 5 obligations may continue. See					NT OF CHANGES IN BENEFICIAL OWN								RSHIP	Estim	Number: nated average bur per response:	3235-0287 den 0.5	
1. Name and Address of Reporting Person* Gelston Philip A (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol WHITE MOUNTAINS INSURANCE GROUP LTD [ WTM ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)   X Director   Officer (give title below) Other (specify below)				
C/O WHITE MOUNTAINS INSURANCE GROUP, LTD					3. Date of Earliest Transaction (Month/Day/Year) 05/26/2022									-			
23 SOUTH MAIN STREET, SUITE 3B (Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
HANOV (City)	HANOVER NH 03755 (City) (State) (Zip)													Form filed by More than One Reporting Person			
		Table	I - Nor	n-Deriva	tive S	ecur	rities Acq	uired,	Disp	posed of,	or Ber	neficia	ally Own	ed			
1. Title of Security (Instr. 3) Date (Month/Da				Execution Dat		cution Date, y	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3 5)			nd Securi Benefi	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)	Price	Transaction(s)			(1150.4)		
Common Shares 05/26/2					2022			Α		225(1)	Α	\$0	) 1	,238	D		
		Tal					ies Acqui varrants,							d			
1. Title of Derivative Security (Instr. 3)	le of 2. 3. Transaction 3A. Dea vative Conversion Date Executio rity or Exercise (Month/Day/Year) if any		med 4.			of	Expiration Date A (Month/Day/Year) S L S			7. Title ar Amount of Securitie: Underlyir Derivative Security ( 3 and 4)	of s ng e	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownershi (Instr. 4)		

Explanation of Responses:

1. Annual WTM Director Share Award

## Wesley C. Bell, by Power of

Amount or Number of Shares

Title

<u>Attorney</u>

05/27/2022

\*\* 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).

Code V

(A) (D)

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.

Date Exercisable Expiration Date