Instruction 1(b).

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**

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  SHANK SUZANNE F.				2. Issuer Name and Ticker or Trading Symbol WHITE MOUNTAINS INSURANCE GROUP LTD [ WTM ]									heck all app	tionship of Reportir all applicable) Director Officer (give title		10% Ov			
(Last)	(Fir	st) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/23/2024											below)		below)	вреспу
1720 PEACHTREE STREET, SUITE 629				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	Street) ATLANTA GA 30309													X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant									uction or writt	ten plar	n that is inter	nded to		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Da		Date,	Transaction Disposed Of Code (Instr. 5)			es Acquired (A) or Of (D) (Instr. 3, 4 a		nd Securit Benefic Owned	ties Fo cially (D) I Following (I)		r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A (D	() or ()	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Shares 0.			05/23/	2024		A		165(1)		A	\$0		721		D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Security or Exercise (Month/Day/Year) if any		med on Date, Day/Year)	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo of (D (Instr	of Exp		s. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		g nstr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Nur of	ount mber ires					

## **Explanation of Responses:**

1. Annual Director Share Award

Wesley C. Bell, by Power of <u>Attorney</u>

05/24/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.