

OneBeacon Insurance Group, Ltd.  
 Form 4  
 June 18, 2008

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
**HOWARD RICHARD PAGE**

2. Issuer Name and Ticker or Trading Symbol  
**OneBeacon Insurance Group, Ltd.  
 [OB]**

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)  
**06/16/2008**

Director  10% Owner  
 Officer (give title below)  Other (specify below)

**C/O ONEBEACON INSURANCE GROUP, LTD., 1 BEACON LANE**

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**CANTON, MA 02021**

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				Code	V	Amount or Price			
Class A Common Shares	06/16/2008		P		200	A \$ 18.37	13,161	D	
Class A Common Shares	06/16/2008		P		200	A \$ 18.38	13,361	D	
Class A Common Shares	06/16/2008		P		600	A \$ 18.37	13,961	D	
Class A Common Shares	06/16/2008		P		800	A \$ 18.37	14,761	D	

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Common Shares						18.38		
Class A Common Shares	06/16/2008	P	1,400	A	\$ 18.4	16,161		D
Class A Common Shares	06/16/2008	P	600	A	\$ 18.4	16,761		D
Class A Common Shares	06/16/2008	P	1,970	A	\$ 18.4	18,731		D
Class A Common Shares	06/16/2008	P	30	A	\$ 18.4	18,761		D
Class A Common Shares	06/16/2008	P	1,082	A	\$ 18.37	19,843		D
Class A Common Shares	06/16/2008	P	318	A	\$ 18.38	20,161		D
Class A Common Shares	06/16/2008	P	600	A	\$ 18.37	20,761		D
Class A Common Shares	06/16/2008	P	1,400	A	\$ 18.4	22,161		D
Class A Common Shares	06/16/2008	P	600	A	\$ 18.4	22,761		D
Class A Common Shares	06/16/2008	P	200	A	\$ 18.38	22,961		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.**

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(9-02)

**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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene
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Derivative Security	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Instr. 3 and 4)	Own Follo Repo Trans (Instr
	Code V (A) (D) Date	Expiration Date	Title
		Exercisable	Amount or Number of Shares

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HOWARD RICHARD PAGE C/O ONEBEACON INSURANCE GROUP, LTD. 1 BEACON LANE CANTON, MA 02021	X			

## Signatures

Jane E. Freedman, 06/18/2008  
 Attorney-In-Fact

\_\_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.