Edgar Filing: PARTNERRE LTD - Form 4

PARTNER	RE LTD											
Form 4 March 03, 2	016											
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FORM 4 UNITED STATES SECURITIES AND EXCH Washington, D.C. 2054								NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no lon subject t Section Form 4 of Form 5 obligation may con <i>See</i> Instr 1(b).	ger ST 16. or Fil ons Secti	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									January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> Desmet Laurie			2. Issuer Name and Ticker or Trading Symbol PARTNERRE LTD [PRE]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(1	Middle)	3. Date of Earliest Transaction					(Check	c all applicable)	
PARTNER COMPANY GREENWI	Y OF THE	U.S., C		(Month/E 03/01/2	-				Director X Officer (give below) EVP & Co		Owner r (specify Ltd	
					endment, Date Original onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
GREENWI	CH, CT 06	830-63	352						Person	ore than One Rej	porting	
(City)	(State)		(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transacti (Month/Day	Day/Year) Execution Date, if Tr any Co (Month/Day/Year) (In			3. Transactio Code (Instr. 8)	(Instr. 3,	ispose 4 and (A) or	d of (D) 5)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Shares (1)	03/01/201	16			Code V A	Amount 981	(D) A	Price \$ 0	39,367	D		
Common Shares (2)	03/01/201	16			F	1,059	D	\$ 140.35	38,308	D		
Common Shares (3)	03/01/201	16			F	1,012	D	\$ 140.35	37,296	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 formSEC 1474
(9-02)

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displays a currently valid OMB control number.

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Number Expiration Da of (Month/Day/ Derivative Securities Acquired (A) or Disposed of (D) Instr. 3,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr		
Dama				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Reporting Owners													
Reporting Owner Name / Address					Relationships								

treporting of the Figure Figures	Director	10% Owner	Officer	Other
Desmet Laurie PARTNER REINSURANCE COMPANY OF THE U.S. ONE GREENWICH PLAZA GREENWICH, CT 06830-6352			EVP & COO, PartnerRe Ltd	
Signatures				
Marc Wetherhill as Attorney-in-Fact for Laurie Desmet	03/03	3/2016		
**Signature of Reporting Person	Da	ate		

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) Reflects performance adjustment to Performance Share Units granted on March 1, 2013. This award was previously reported on grant at target (1,962 shares) and settled at 150% (2,943 shares) on March 1, 2016.
- (2) Shares withheld to cover taxes on Restricted Share Unit vest.
- (3) Shares withheld to cover taxes on Performance Share Unit vest.

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.