FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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

| Name and Address of Reporting Person* Packer Nicholas Andrew | | | | <u>En</u> | 2. Issuer Name and Ticker or Trading Symbol Enstar Group LTD [ESGR] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|--|--------|---------|----------------|---|-----|-----|--|-------|--------------------|--|--------------|---|--|--|--|---|--|
| (Last) | (Fir X HM 2267, | st) (N | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/13/2009 | | | | | | | | belo | , | | | er (specify ow) nt | |
| 3RD FLOOR, 18 QUEEN STREET | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) HAMILTON D0 HM JX | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (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/Ye | | | | n 2 (ear) i | 2A. Deemed Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed Code (1 and 5) | | | s Acquir | ed (A) o | 5. Amount of Securities Beneficially Owned | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transac | Following Reported Transaction(s) (Instr. 3 and 4) | | 4) | (Instr. 4) | |
| Ordinary Shares 03/13/2009 | | | | 09 | 9 | | | A | | 4,866 | A | \$0.0 | 9, | 9,364 | | D | | |
| Ordinary Shares | | | | | | | | | | | | | 708 | 708,775 | | I | By Hove Investments Holding Ltd ⁽¹⁾ | |
| 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) | Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any | | | | 5. Numbe of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, and 5) | | | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amou | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownersh Form: Direct (D or Indire (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | of Shares | | | | | | |

Explanation of Responses:

1. Hove Investments Holding Ltd is owned by the Hove Trust. The trustee of the Hove Trust is R&H Trust Co. (BVI) Limited. Mr. Packer and his immediate family are the sole beneficiaries of the Hove Trust.

Remarks:

/s/ Richard J. Harris by Power of Attorney 03/17/2009

** 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.