FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENE	FICIAL O	WNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average bu	ırden							
hours por rosponso:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruc	tion 1(b).			Fil			t to Section						934					
				2. I:	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Enstar Group LTD [ESGR]							(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O STONE POINT CAPITAL LLC 20 HORSENECK LANE				3. Date of Earliest Transaction (Month/Day/Year) 07/02/2018									give title		Other (specify below)			
(Street)			06830-632	7	4. 1	If Ame	endment, Da	ate of	Origina	l Filed	(Month/Day	r/Year)	Line	Form fil	led by One led by Mor	Repoi	(Check App rting Persor One Repor	n
(City)	(S	tate)	(Zip)		<u> </u>													
Table I - Non-Derivative 3 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			n	2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		d (A) or	5. Amour Securities Beneficia Owned Fe	nount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(Instr. 4)
			Table II -				curities A Is, warra							Owned				
Security or (Instr. 3) Pri	2. Conversion Date or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Yes		3A. Deemed Execution Da if any (Month/Day/Y	ate, 4.	4. Transaction Code (Instr.		5. Number of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		sable and te	7. Title an of Securit Underlyin Derivative (Instr. 3 a	d Amount ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e es ally g	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficia Ownershi t (Instr. 4)
				C	ode \	v	(A)) (D) E			Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	ion(s)		
Share Unit	(1)	07/02/2018		A	(2)		114.383 ⁽³⁾		(1)		(1)	Ordinary Shares	114.383	\$205.45	4,040.	837	D ⁽²⁾	
	nd Address of Tames D	Reporting Person*																
	ONE POINT SENECK L	(First) CAPITAL LLC ANE	(Middle	e)														
(Street)	WICH	СТ	06830	0-6327														
(City)		(State)	(Zip)															
		Reporting Person* <u>CAPITAL L1</u>																
(Last)	SENECK L	(First) ANE	(Middle	e)														
(Street)						_												

Explanation of Responses:

CT

(State)

GREENWICH

- 1. Each Share Unit is granted pursuant to the Enstar Group Limited Deferred Compensation and Ordinary Share Plan for Non-Employee Directors (the "Plan"). Pursuant to the Plan, each Share Unit is the economic equivalent of one ordinary share. The Share Units become payable in ordinary shares (with any fractional shares paid in cash) upon Mr. Carey's termination of service as a member of the Board of Directors of Enstar
- 2. These Share Units and Restricted Share Units granted to Mr. Carey are held by him solely for the benefit of Stone Point Capital LLC ("Stone Point"), of which Mr. Carey is a senior principal. Mr. Carey disclaims beneficial ownership of these Share Units, except to the extent of his pecuniary interest therein, if any. Stone Point may be deemed an indirect beneficial owner of these Share Units.
- 3. Share Units granted as a result of the Reporting Person's election, pursuant to the Plan, to defer quarterly cash director fees.

06830-6327

(Zip)

Remarks:

(City)

/s/ Audrey B. Taranto by power of attorney

07/03/2018

** Signature of Reporting Person

Date

- * 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.