FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden
hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Live lie			. Date of Event Requiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol Enstar Group LTD [ ESGR ]							
(Last)	(First)	(Middle)	02/21/2017		Relationship of Reporting Per (Check all applicable)     X Director		son(s) to Issu	.	(Mont	If Amendment, Date of Original Filed //onth/Day/Year)		
C/O 22 QUEEN STREET WINDSOR PL, 3RD FL					Λ	Officer (give title below)	Other (spe	6.	Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     Form filed by More than One Reporting Person			
(Street) HAMILTON	D0	HM 11										
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				1 -	Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secu Underlying Derivative Secu 4)			4. Conversion or		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratior Date	Title	,	Amount or Number of Shares	Exercis Price of Derivati Security	ve	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

/s/ Jie Liu

03/03/2017

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).