## 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

5. Relationship of Reporting Person(s) to Issuer

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

1. Name and Address of Reporting Person\*

## 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

2. Issuer Name and Ticker or Trading Symbol

CAMPBELL ROBERT J		Enstar Group LTD [ESGR]						(Check all applicable) X Director 10% Owner				
(Last) (First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/20/2009						Officer (give title Other (specify below) below)				
360 MADISON AVENUE, SUITE 20		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable				
(Street)							Line	,	n filed by One	Reporting Pe	rson	
NEW YORK NY 10017								Form filed by More than One Reporting Person				
(City) (State) (Zip)												
Table I -	Non-Derivati	ive Securities A	cquirec	d, Di	sposed o	f, or Be	eneficial	ly Own	ed			
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year	zA. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Repor Trans	Reported Transaction(s) (Instr. 3 and 4)	msu. 4)	(1130.4)	
Ordinary Shares	08/20/2009		Р		4,000	Α	\$62.3 <sup>(1</sup>	) 3	9,500	Ι	By self- directed pension plan	
Ordinary Shares	08/20/2009		Р		1,000	A	<b>\$</b> 61.92 <sup>(</sup>	2)	2,500	Ι	By F.W. Spellissy Trust	
Ordinary Shares								5	1,645	D		
Ordinary Shares								3	2,300	Ι	By spouse	
Ordinary Shares								2	5,050	Ι	By Osprey Partners	
Ordinary Shares								1	2,600	Ι	By children	
Ordinary Shares								:	3,000	I	By Robert J. Campbell Family Trust	
Table	II - Derivative (e.q., puts	e Securities Acc s, calls, warrants	quired, s, optio	Disp ons,	osed of, convertib	or Ben le secu	eficially ırities)	Owned	I			
1. Title of Derivative Security (Instr. 3) 2. 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date (Month/Day/Year)   1. Title of Date (Month/Day/Year) 3A. Deemed Execution Date (Month/Day/Year)		ansaction of of oterivativ	r 6. Date Exercisable and Expiration Date (Month/Day/Year) S		7. Title and 8 Amount of 0 Securities D Underlying S		of derivative Derivative Securitie Security Beneficia Instr. 5) Owned Followin Reported	Following Reported Transaction	Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership		
	Co	ode V (A) (D)	Date Exerci	isable	Expiration Date		Amount or Number of Shares					

Explanation of Responses:

1. The price in Column 4 is a weighted average price. The prices actually received ranged from \$62.25 to \$62.46. The reporting person undertakes to provide upon request by the SEC staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price within the range.

2. The price in Column 4 is a weighted average price. The prices actually received ranged from \$61.68 to \$62. The reporting person undertakes to provide upon request by the SEC staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price within the range.

#### Remarks:

#### /s/ Robert J. Campbell

\*\* Signature of Reporting Person Date

08/22/2009

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.