FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours nor roomanas: 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

Instruc	tion 1(b).			Filed					of the Secu nvestment C				1934	ļ					
	nd Address James	of Reporting Perso	n [*]						ker or Tradin	-	-			(Che	ck all appli	,	ng Pe		
(Last) (First) (Middle) C/O STONE POINT CAPITAL LLC							Date of Earliest Transaction (Month/Day/Year) 4/01/2014							X Director 10% Owner Officer (give title Other (specify below) below)					
20 HORSENECK LANE (Street) GREENWICH CT 06830-6327 (City) (State) (Zip)				4. 11 /	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person										son				
1. Title of	Security (Ir		le I - N	2. Transac		2/	A. Deemed		quired, D		4. Securi	ities Acqu	iired	(A) or	5. Amo	unt of		wnership	7. Nature
Date (Month/Da			exy/Year) Execution Date, if any (Month/Day/Year)		Transaction Code (Ins 8)			ed Of (D) (Instr. 3,		3, 4	Securiti Benefic Owned Followi	ially	Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership (Instr. 4)				
								Code	′	Amount	(A) (D)	Pr F	Price	Reporte Transac (Instr. 3	ction(s)				
			Tabl						uired, Dis , options,					•	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		n of		6. Date Exercis Expiration Date (Month/Day/Yea		e	7. Ittle and Amount of Securities Underlying Derivative Security (Inst and 4)			3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amo or Nun of Sha	nber					
Share Unit	(1)	04/01/2014			A ⁽²⁾	L	162.849		(1)		(1)	Ordinary Shares	162	.849	\$136.63	392.81	2	D ⁽²⁾	
	nd Address James	of Reporting Perso	n*			_													
	ONE POIN SENECK I	(First) T CAPITAL LLC LANE	•	ddle)															
(Street)	WICH	CT	06	830-6327	7	_													
(City)		(State)	(Zi _l	p)															

Name and Address of Reporting Person* STONE POINT CAPITAL LLC								
(Last)	(First)	(Middle)						
20 HORSENECK LANE								
(Street)								
GREENWICH	CT	06830-6327						
(City)	(State)	(Zip)						

Explanation of Responses:

- 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 Group Limited.
- 2. These 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.

Remarks:

/s/ Audrey B. Taranto by 04/03/2014 power of attorney Audrey B. Taranto by power 04/03/2014 of attorney Date

** Signature of Reporting Person

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.