Instruction 1(b).

## FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0								
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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*      Carey James D					2. Issuer Name and Ticker or Trading Symbol Enstar Group LTD [ ESGR ]						S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
C/O STONE POINT CAPITAL LLC					3. Date of Earliest Transaction (Month/Day/Year) 10/01/2021							Officer (give title Other (specify below) below)					
20 HORSENECK LANE			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable								plicable					
(Street) GREENWICH CT 06830-6327			,								Form filed by One Reporting Person  X Form filed by More than One Reporting Person						
(City)	(S	itate)	(Zip)														
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			actio	action 2A. Deemed Execution Date, if any		3. Transactio Code (Inst	Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5)			5. Amour Securitie Beneficia Owned F	nt of 6. O es Formally (D) (Following (I) (I		nership : Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code V	Amount	(A) or (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
			Table II - D										y Owned			,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	4. Transa Code (		action	5. Number of B		options, convertible  6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title an Amount of Securities Underlyin Derivative (Instr. 3 and	d f s g	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported	e s ully g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s			
Share Unit	(1)	10/01/2021			<b>A</b> <sup>(2)</sup>		92.34 <sup>(3)</sup>		(1)	(1)	Ordinary Shares	92.34	\$238.25	7,067.8	386	D <sup>(2)</sup>	
	nd Address of James D	Reporting Person*		•						,	,			,			,
	ONE POINT SENECK L	(First) Γ CAPITAL LLC ANE	(Middle	e)													
(Street)	WICH	СТ	06830	)-6327													
(City)		(State)	(Zip)														
		Reporting Person*															
(Last) 20 HOR	SENECK L	(First) ANE	(Middle	e)													
(Street)	WICH	СТ	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 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 managing director. 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.

## Remarks:

/s/ Audrey B. Taranto by power of attorney

10/05/2021

\*\* Signature of Reporting Person

Date

\*\* 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.