	m 4 FORM	4	UNITED	) ST/	<b>ATE</b>	SS	ECUR	ITIE	ES ANI	ΣE	хсна	NGE	coi	иміз	SION				
			_	_					ngton, D.C			-	-	_			OMB	APPRC	VAL
Check this box if no longer subject to STATEMENT C					OF	OF CHANGES IN BENEFICIAL OWNERSHIP										OMB Number: 3235-028 Estimated average burden		3235-0287 n	
obligat	ions may contir tion 1(b).	nue. See		Fil	led pu c	ursuant or Sect	t to Sectior tion 30(h) d	n 16(a of the	a) of the Se Investmen	curiti t Cor	es Exchan npany Act	ige Act o of 1940	1934			hours	per res	sponse:	0.5
1. Name and Address of Reporting Person <sup>*</sup> 2. Issuer					r Name and Ticker or Trading Symbol 5. R								. Relationship of Reporting Person(s) to Issuer Check all applicable)						
Carey James D Enstan					<u>rr Group LTD</u> [ ESGR ]								X Director 10% Owner						
C/O STONE POINT CAPITAL LLC 20 HORSENECK LANE 4. If Ame					of Earliest Transaction (Month/Day/Year)								below)	(give title		Other ( below)	specify		
					1/01/2														
					lf Ame	nendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) GREENWICH CT 06830-6327														Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																
		Та	ble I - Nor	n-Deri	vativ	ve Se	ecurities	s Ac	quired,	Dis	posed c	of, or B	enef	icially	Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 7) 8)		4. Securities Acquired ( Disposed Of (D) (Instr. 3 5)				5. Amour Securities Beneficia Owned F	s Ily ollowing	Form (D) of	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)				
			Table II -	Deriva	ative	e Sec	urities	Acq	uired, D	isp	osed of,	, or Be	nefic	ially (	Owned				
1. Title of	2.	3. Transaction	3A. Deemed	4	4.		5. Numbe	er of	6. Date Ex	ercis	able and	7. Title	nd An		8. Price of	9. Numbe		10.	11. Natu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution D if any (Month/Day/	(	e, Transaction Code (Instr.		Derivative E		Expiration Date (Month/Day/Year)		of Securities		urity	Derivative Security (Instr. 5)	derivativ Securitie Beneficia Owned Following Reported	es ally g	Form: Uy Direct (D) or Indirec	t (Instr. 4)	
				F				Ĺ l		Т			Amor			Transact (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title		nber Shares					
Share Unit	(1)	01/04/2021			<b>A</b> <sup>(2)</sup>		108.873		(1)		(1)	Ordinar Shares	10	8.873	\$202.07	6,126.	793	D <sup>(2)</sup>	
	nd Address of ames D	Reporting Person*																	
<u></u>																			
(Last) C/O STO	NE POINT	(First)	(Middl	e)															
	SENECK L																		
(Street) GREENWICH CT			06830-6327																
(City)		(State)	(Zip)																
		Reporting Person*																	
<u>STON</u>			, , ,																
(Last)	SENECK L	(First) ANE	(Middl	e)															
(Last)		. ,		e) 0-6327	,														
(Last) 20 HOR (Street)		ANE		·	,														

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 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 power of attorney 01/06/2021

\*\* Signature of Reporting Person Date

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.