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 C	HANGES	IN BE	NEFICIAL	OWNERS	HIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per respons	e: 0.5								

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*     Gerhardt Hans-Peter				2. Issuer Name and Ticker or Trading Symbol Enstar Group LTD [ ESGR ]									5. Relationshi (Check all ap X Direction		licable)	ng Per	rson(s) to Is		
(Last)	(Fir	st) (M	/liddle	)		3. Date of Earliest Transaction (Month/Day/Year) 04/03/2023									Office	er (give title		Other (sbelow)	specify
C/O 22 QUEEN STREET, WINDSOR PLACE 3RD FLOOR			LACE	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person							
(Street)	TON DO	Н	HM 11			Form filed by More than One Reporting Person													
(City)	(City) (State) (Zip)			$ _{\square}$	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - N	on-Deriva	tive S	Secui	rities	Acc	quire	d, Dis	sposed of	, or B	enefic	ially (	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Execution Date,					Acquired (A) or (D) (Instr. 3, 4 and 8		5. Amount of Securities Beneficially Owned Followin		ies cially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	1	Transa	action(s) 3 and 4)			(111511. 4)
Ordinary Shares 04/03/2				04/03/20	23			A		129(1)	A	\$232	.25	14,147			D		
Ordinary Shares 04/03/2				04/03/20	)23			<b>A</b> <sup>(2)</sup>		430.571 <sup>(3)</sup> A		\$0		14,577.571(4)			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Cod		v	(A) (D)		Date Exercisable		Expiration Date	Title	or Number of Shares						

## **Explanation of Responses:**

- 1. Ordinary Shares granted as a result of the Reporting Person's election to receive Ordinary Shares in lieu of his quarterly director fees payable in cash.
- 2. Grant of restricted stock pursuant to the Enstar Group Limited 2016 Equity Incentive Plan. These shares are restricted until the one-year anniversary of grant.
- 3. Fractional shares will be paid in cash upon vesting.
- 4. Includes 430.571 restricted ordinary shares scheduled to vest on April 3, 2024.

## Remarks:

/s/ Audrey B. Taranto by power of attorney

04/05/2023

\*\* 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.