Darwin Professional Underwriters Inc Form 4

May 19, 2008

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer

subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

(Last)

Security

(Instr. 3)

1. Name and Address of Reporting Person \*

Albro Robert Bruce

2. Issuer Name and Ticker or Trading Symbol

**Darwin Professional Underwriters** 

Inc [DR]

9 FARM SPRINGS ROAD

3. Date of Earliest Transaction

(Month/Day/Year) 05/02/2008

(Street)

(First)

(Middle)

(Zip)

4. If Amendment, Date Original

Filed(Month/Day/Year)

below)

Issuer

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner

Other (specify

Applicable Line)

X Director

Officer (give title

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

FARMINGTON, CT 06032

(City) 2. Transaction Date 2A. Deemed 1.Title of

(State)

(Month/Day/Year)

3. 4. Securities Execution Date, if TransactionAcquired (A) or

Code Disposed of (D) (Instr. 8) (Month/Day/Year) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4) (Instr. 4)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

(A)

or

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 3. Transaction Date 3A. Deemed (Month/Day/Year) Derivative Conversion Execution Date, if Security or Exercise Code any

5. Number 6. Date Exercisable and Transaction of Derivative Expiration Date (Month/Day/Year) Securities

7. Title and Amount of 8. Pric **Underlying Securities** Deriva (Instr. 3 and 4)

1

Securi

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					(Instr.	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Share Units	(1)	05/02/2008		A		1,862		<u>(1)</u>	(1)	Common Stock	1,862	<u>(1)</u>
Share Units	<u>(1)</u>							<u>(1)</u>	<u>(1)</u>	Common Stock	2,969	
Share Units	(1)							<u>(1)</u>	<u>(1)</u>	Common Stock	1,816	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
Albro Robert Bruce 9 FARM SPRINGS ROAD FARMINGTON, CT 06032	X						

### **Signatures**

R. Bruce Albro by Timothy J. Curry, attorney-in-fact

\*\*Signature of Reporting Person Date

# **Explanation of Responses:**

- \* 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).

The share units were credited under the Stock and Unit Plan for Non-employee Directors (the "Plan") of Darwin Professional Underwriters, Inc. (the "Company") and will be paid in shares of the Company's common stock (the "Common Stock") based upon the

(1) Fair Market Value (as defined in the Plan) of the Common Stock on the earlier or (i) first business day of the sixth calendar year following the crediting of the share units, or (ii) the date the reporting person ceases to be a member of the Company's Board of Directors, or (iii) a "change of control" as defined in the Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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