FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| l | OMB APPROVAL | | | | | | | | |
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| l | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

| | Check this box if no longer subject |
|--------|-------------------------------------|
| \neg | to Section 16. Form 4 or Form 5 |
| _ | obligations may continue. See |
| | Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name at ODonn (Last) RENAIS 12 CRO (Street) | 2. Issuer Name and Ticker or Trading Symbol RENAISSANCERE HOLDINGS LTD [RNR] 3. Date of Earliest Transaction (Month/Day/Year) 05/26/2023 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner X Officer (give title Other (specify below) Pres & Chief Executive Officer 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | | | | |
|--|---|-------|-------|---|---|--|-----------------|-------|-------|---|---|---|---------|--|---|--|--|---|--|--|
| PEMBROKE D0 HM 19 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | 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 - I | Non-Deriva | tive S | Secu | rities | Ac | quire | d, D | isposed o | f, or l | Benefic | ially Owr | ned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | , T | | | | s Acquired (A) or f (D) (Instr. 3, 4 | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | c | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | | | |
| Common Stock 05/2 | | | | | !3 | | | | P | | 13,020 | A | \$192 | 296,025 | | D | D | | | |
| Common Stock | | | | | | | | | | | | | 1,079 | | I | | by Partnership ⁽¹⁾ | | | |
| | | Tab | le I | II - Derivativ (e.g., pu | | | | | | | posed of, converti | | | | d | | | | | |
| 1. Title of Derivative Security (Instr. 3) | /e Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | ransaction ode (Instr.) Derivative Securititic Acquires (A) or Dispose of (D) (Instr. 3, and 5) | | vative irities iired ir osed) r. 3, 4 | Date Expiration | | | Amor Secu Unde Deriv Secu (Instr | rlying ative rity . 3 and 4) Amount or Number of | Derivative Security (Instr. 5) Bene Owne Follo Repo | | urities For period or period or (I) conted neaction(s) | | ership :: t (D) direct str. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. These securities are owned and controlled by a family limited partnership for the benefit of immediate family members of the reporting person and may be deemed to be beneficially owned by the reporting person

Remarks:

/S/ Molly E. Gardner, Attorney-in-Fact 05/26/2023

** 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.