| SEC Form 4 | |
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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 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

OMB APPROVAL

| Estimated average burden | |
|--------------------------|-----|
| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol RENAISSANCERE HOLDINGS LTD | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|----------|----------------------|---------------------------------|---|--|-----------------------------|-----------------|------------------------------------|------------------------|--------------------------------------|---|--|---|---|---|----------------------|
| RIKER WILLIAM I | | | | RNR] | | | | | | | Ľ | X Director | | | 10 | % Owner | |
| (Last) (First) (Middle) | | | | | | | | | | | | | X Offic belo | er (give t w) | title | | her (specify low) |
| RENAISSANCE HOUSE | | | | 3. Dá | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | | | |
| 8-12 EAST BROADWAY | | | | |)5/2003 | | | . (| | | | | | | | | |
| (Street) PEMBROKE HM 19, BERMUDA | | | | 4. lf / | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | , | | | | | | | | | | | | |
| | | Tabl | le I - M | Non-Deriv | ative | Securiti | es Ao | cquire | ed, C |)isposed o | of, or E | Benefici | ally Own | ed | | | |
| Date | | | Date | Date (Month/Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | ction Instr. | | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transactic (Instr. 3 ar | | | | (Instr. 4) |
| Common Stock | | | | | | | | | | | | 485,6 | 95 ⁽¹⁾ | I | C | | |
| Common Stock | | | | | | | | | | | 4,668 ⁽¹⁾ | | 58 ⁽¹⁾ I | | by Spouse | | |
| Common Stock 1 | | 11/05/20 | 11/05/2003 | | | S | | 37,067 | D | \$45.75 | 5 259,209 | | 09 I | | by Partnership ⁽²⁾ | | |
| | | Ta | able II | | | | | | | posed of, convertib | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | tive Conversion Date Execution Date, ty or Exercise (Month/Day/Year) if any | | eemed ition Date, | 4. Transac Code (li 8) | ction nstr. | umber vative urities uired or oosed O) tr. 3, 4 | Expiration D (Month/Day/ | | cisable and 7. Title and Amount of | | and nt of ties ying tive | 8. Price of Derivative Security (Instr. 5) | | | 10. Ownersi Form: Direct (I or Indire (I) (Instr | Beneficial O) Ownership ect (Instr. 4) | |

Explanation of Responses:

1. None of these shares were acquired or disposed of.

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

Date Exercisable Expiration

Date

<u>/s/ William I. Riker</u> ** Signature of Reporting Person

Amount or Number

Shares

of

Title

<u>11/06/2003</u> 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).

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(A) (D)

Code

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.