FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | |
|---|-------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burde | en | | | | |
| l | hours per response: | 0.5 | | | | |

| | Check this box if no longer subject to |
|---|--|
| 7 | Section 16. Form 4 or Form 5 |
|) | obligations may continue. See |
| | Instruction 1(b) |

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 an | RE | 2. Issuer Name and Ticker or Trading Symbol RENAISSANCERE HOLDINGS LTD RNR | | | | | | | | | all app | olicable) | | | Issuer Owner r (specify | | | | |
|--|---|---|--------|------------------------------|-------|--|---|--|---|-------|---|---------------|----------|-----------------------|--|---|---|--|---|
| (Last) (First) (Middle) RENAISSANCE HOUSE 12 CROW LANE | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2020 | | | | | | | | | below) below) SVP, Chief Investment Officer | | | |
| (Street) PEMBROKE D0 HM 19 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | idual or Joint/Group Filing (Check Applicable 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 | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 1) | | | | | and 5) Se Be Ov | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 03/01/20 | | | | | |)20 | | A ⁽¹⁾ | | 2,860 | A | \$ | 0 | 1 | 11,639 | D | | | |
| Common | 020 |)20 | | S | | 500 | D | \$176 | .37(2) | 1 | 11,139 | | | | | | | | |
| | | Та | ble II | | | | | | | | osed of, convertib | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | tive or Exercise (Month/Day/Year) Price of Derivative Security Execution Date, if any (Month/Day/Year) | | | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Grant of restricted shares of the issuer pursuant to the RenaissanceRe Holdings Ltd. 2016 Long Term Incentive Plan. These shares will vest in four equal annual installments beginning on March 1, 2021.
- 2. Represents a weighted average price. The shares were sold in multiple transactions at prices ranged from \$176.3651 to \$176.4059. The reporting person undertakes to provide the full information regarding the number of shares sold at each price to the Commission, the issuer or a security holder of the issuer upon request.

Remarks:

/S/ Molly E. Gardner, Attorney-in-Fact

03/03/2020

** Signature of Reporting Person

Date

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

- * 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.