FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to 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 and Address of Reporting Person* Marra David E | | | | 2. Issuer Name and Ticker or Trading Symbol RENAISSANCERE HOLDINGS LTD [RNR] | | | | | | | Check | all app | onship of Reportin ill applicable) Director Officer (give title | | rson(s) to Is 10% Ov Other (s | wner | | | |
|--|--|-------|----------|--|---|---|--|-----|--|--|---|---|--|--------------------------------------|---|--|---|--|--|
| (Last) RENAIS | (Fir | , | /liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/20/2023 | | | | | | | X | below) EVP,Chief Under | | erwri | below) | · | | |
| 12 CROW LANE | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | |
| (Street) 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 - No | n-Deriva | tive S | Secu | rities | Acc | uired | , Dis | posed of | , or B | enefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execution Date, | | | | Acquired (A) or f (D) (Instr. 3, 4 and | | 5. Amount of Securities Beneficially Owned Following | | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | Code V Amount (A) or (D) Price | | | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | | |
| Common Stock 11/20/20 | | | | | 023 | 23 S ⁽¹⁾ 1,000 D \$207.73 81,449 | | | | 1,449 | | 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) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | Fransaction of Code (Instr. Derivativ | | rative rities nired r osed) | 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) | | | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | 1 1 | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. All sales were effected pursuant to a Rule 10b5-1 plan adopted by the reporting person on August 21, 2023.

Remarks:

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

11/21/2023

** 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.