SCHLACHTER HARRY

Form 4

December 29, 2011

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

OMB Number:

3235-0287

Check this box if no longer

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

January 31, Expires: 2005

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subject to Section 16. Form 4 or Form 5 obligations

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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * SCHLACHTER HARRY

2. Issuer Name and Ticker or Trading

Symbol

[AFSI]

Amtrust Financial Services, Inc.

Issuer

(Check all applicable)

Treasurer

below)

5. Relationship of Reporting Person(s) to

(Last)

(First)

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year)

12/29/2011

X_ Officer (give title below)

10% Owner Other (specify

C/O AMTRUST FINANCIAL SERVICES, INC., 59 MAIDEN

LANE, 6TH FLOOR

4. If Amendment, Date Original

Filed(Month/Day/Year)

3

6. Individual or Joint/Group Filing(Check

Applicable Line)

Director

X Form filed by One Reporting Person Form filed by More than One Reporting

D

NEW YORK, NY 10038

(City) (State) (Zip)

(Street)

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

| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. 4. Securities | | 5. Amount of | 6. Ownership | 7. Nature of | | | |
|------------|---------------------|--------------------|----------------------------|---|---------------------|--------------|--------------|------------------|------------|------------|
| Security | (Month/Day/Year) | Execution Date, if | TransactionAcquired (A) or | | | r | Securities | Form: Direct | Indirect | |
| (Instr. 3) | | any | Code Disposed of (D) | | Beneficially | (D) or | Beneficial | | | |
| | | (Month/Day/Year) | (Instr. 8) | | (Instr. 3, 4 and 5) | | Owned | Indirect (I) | Ownership | |
| | | | | | | | | Following | (Instr. 4) | (Instr. 4) |
| | | | | | (A) | | Reported | | | |
| | | | | | | (A) | | Transaction(s) | | |
| | | | Code V | J | Amount | or (D) | Price | (Instr. 3 and 4) | | |
| C | | | Couc | • | Amount | (D) | 11100 | | | |
| Common | 12/29/2011 | | G V | J | 50 | D | \$ 0 | 19 733 | D | |

1*212912*011 19,733 Stock

Common 12/29/2011 V 2,000 D \$0 17,733 Stock

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

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

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exerc | cisable and | 7. Title | e and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|-------------|------------|---------------|-----------------|--------------------------|----------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transaction | orNumber | Expiration D | Expiration Date | | nt of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Underl | ying | Security | Secui |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Securit | ties | (Instr. 5) | Bene |
| | Derivative | | | | Securities | | | (Instr. | 3 and 4) | | Owne |
| | Security | | | | Acquired | | | | | | Follo |
| | | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | | | | | | |
| | | | | | | Date | Expiration Date | or Title Number of | | | |
| | | | | | | Exercisable | | | | | |
| | | | | Code V | (A) (D) | | | | Shares | | |
| | | | | Code v | (A) (D) | | | | Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

SCHLACHTER HARRY C/O AMTRUST FINANCIAL SERVICES, INC. 59 MAIDEN LANE, 6TH FLOOR NEW YORK, NY 10038

Treasurer

Signatures

/s/ Harry Schlachter

**Signature of Date
Reporting Person

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).

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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