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SCHLACHT	ER HARRY												
Form 4													
August 21, 20)12												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB APPROVAL				
								-	3235-0287				
Check this	s box		vv as	ningto)n, I	D.C. 203	949			Number:	January 31,		
if no longer STATEMENT OF CHANG				GES I	N B	ENEFI	CIAI	L OW	NERSHIP OF	200 Expires.			
subject to Section 16					ES IN BENEFICIAL OWNERSHI ECURITIES					 Estimated average burden hours per 			
Form 4 or				Sheemmes						response	•		
Form 5	Filed pur	suant to S	Section 16	(a) of	the	Securiti	es Ex	chang	ge Act of 1934,				
obligation may conti		a) of the	Public Uti	lity H	oldi	ing Com	pany	Act o	f 1935 or Sectio	n			
See Instru		30(h)	of the Inv	vestme	ent C	Company	y Act	of 19	40				
1(b).													
(Print or Type R	esponses)												
(I fint of Type K	esponses)												
1. Name and Address of Reporting Person *2. IssuerSCHLACHTER HARRYSymbol				Name and Ticker or Trading					5. Relationship of Reporting Person(s) to				
								0	Issuer				
			Amtrust	Finan	cial	Service	s, Inc	•					
			[AFSI]						(Chec	(Check all applicable)			
(Last)	(First) (M	Aiddle)	3. Date of	Earliest	t Tra	nsaction			Director	10%	Owner		
			(Month/Da	n/Day/Year)					XOfficer (give titleOther (specify below) below)				
AMTRUST FINANCIAL 08/20/20				012					Treasurer				
	INC, 59 MAIDE	N											
LANE 6TH	FLOOR												
				Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
				(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
NEW VORK	NV 10028									Jore than One Re			
NEW YORK	, IN I 10038								Person				
(City)	(State)	(Zip)	Table	I - Noi	n-De	rivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date	med 3. 4. Securities						5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Year)	n Date, if TransactionAcquired (A) or						Securities	Form: Direct				
(Instr. 3)		any (Month/	Day/Vaar)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			Beneficially Owned	· /	Beneficial				
		(Monun/	Day/Year)				Following	Ownership (Instr. 4)					
							(\mathbf{A})		Reported	(Instr. 4)			
							(A) or		Transaction(s)				
~				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	08/20/2012			G	V	425	D	\$0	17,991	D			
Stock													

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title o Derivati Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Amou Unde Secur	ele and unt of rlying rities (1, 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SCHLACHTER HARRY AMTRUST FINANCIAL SERVICES INC 59 MAIDEN LANE 6TH FLOOR NEW YORK, NY 10038			Treasurer				
Signatures							
/s/ Harry							

Schlachter

08/21/2012

**Signature of Reporting Person Date

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.