Amtrust Financial Services, Inc. Form 4 December 19, 2013

December 1	19, 2013											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
	Washington, D.C. 20549						MMISSION	OMB Number:	3235-0287			
Check t if no lor subject Section Form 4	to STATEN 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								January 31, 2005 verage s per 0.5		
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17	(a) of the l	Public U	Jtility Ho		ipany	Act of 1	Act of 1934, 935 or Section				
Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> KARFUNKEL GEORGE			2. Issuer Fluine and Frener of Fluing					5. Relationship of Reporting Person(s) to Issuer				
			[AFSI]			,		(Check	all applicable)	1		
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)					X_ DirectorX_ 10% Owner Officer (give titleOther (specify below) below)				
SERVICES	RUST FINANCIA S, INC., 59 MAIE		12/18/2	2013			D	elow)	below)			
LANE, 43	RD FLOOR		4 70 4					- ··· · · · · ·				
	(Street)	(Street) 4. If Amendr Filed(Month/I					А	5. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person				
NEW YOF	RK, NY 10038						P	Form filed by Mo erson	ore than One Rep	oorting		
(City)	(State)	(Zip)	Tal	ble I - Non-	Derivative S	Securi	ities Acqui	red, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date,		Date, if	3. Transactic Code (Instr. 8)	4. Securitie orDisposed o (Instr. 3, 4	f (D)		 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	12/18/2013			Code V P	Amount 300,000	(D) A	Price \$ 28.9867 (1)		D			

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.

Edgar Filing: Amtrust Financial Services, Inc. - Form 4

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
KARFUNKEL GEORGE C/O AMTRUST FINANCIAL SERVICES, INC. 59 MAIDEN LANE, 43RD FLOOR NEW YORK, NY 10038		Х	Х				
Signatures							
/s/ George Karfunkel	12/19/2013						

**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).

The price included in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$28.49 to \$29.48 per share, inclusive. The reporting person undertakes to provide to AmTrust Financial Services, Inc. or any of its

(1) security holders, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote 1.

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.