

Edgar Filing: LUSARDI ROBERT R - Form 4

LUSARDI ROBERT R
 Form 4
 February 18, 2003

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 WASHINGTON, D.C. 20549
 FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person
 Robert R. Lusardi
 XL Capital Ltd
 XL House
 One Bermudiana Road
 , Hamilton HM 11
2. Issuer Name and Ticker or Trading Symbol
 XL Capital Ltd (XL)
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Statement for Month/Day/Year
 2/18/2003
5. If Amendment, Date of Original (Month/Day/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
 () Director () 10% Owner (X) Officer (give title below) () Other
 (specify below)
 Executive Vice President & Chief Executive of Financial Products & Services
7. Individual or Joint/Group Filing (Check Applicable Line)
 (X) 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	2. Trans- action Date	2A. Exec- ution Date	3. Trans- action Code	4. Securities Acquired (A) or Disposed of (D) Amount	A/ D	Price	5. Amount of Securities Beneficially Owned Following Reported Trans(s)
Class A Common Shares	2/14/2002		S	7000	D	\$70.80	
Class A Common Shares	2/14/2002		S	1100	D	\$70.99	8798.4

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

1. Title of Derivative Security	2. Con- version or Exer- cise Price of Deriva- tive Secu-	3. Trans- action Date	3A. Deemed Execu- tion Date	4. Trans- action Date	5. Number of De rivative Secu rities Acqui red(A) or Dis posed of(D)	6. Date Exer- cisable and Expiration Date(Month/ Day/Year) Date Expir- ation Date	7. Title and Amount of Underlying Securities Title and Number of Shares	8. P of vat Sec rit
---------------------------------------	--	-----------------------------	--------------------------------------	-----------------------------	--	--	---	---------------------------------

Edgar Filing: LUSARDI ROBERT R - Form 4

Priority	Day/Year)	/Day/Year)	Code	V	Amount	ble				

Explanation of Responses:
SIGNATURE OF REPORTING PERSON
Robert R. Lusardi