## Edgar Filing: ASSURED GUARANTY LTD - Form 4

ASSURED ( Form 4 June 10, 200	GUARANTY LT 8	D										
FORM	1 /								OMB AF	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box				0 /					Expires:	January 31,		
if no long subject to		MENT O	F CHAN	GES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 Verage		
Section 16. SECURITIES								burden hour	's per			
Form 4 o Form 5					a	-			response	0.5		
obligatio	na *						0	e Act of 1934,				
may cont	inue. Section 170			•	<b>U</b> 1			1935 or Section	1			
See Instru 1(b).	uction	50(II)	of the fil	vestment	Company	Act	01 194	0				
1(0).												
(Print or Type I	Responses)											
	ddress of Reporting	Person <sup>*</sup>	2. Issue	r Name <b>and</b>	Ticker or T	rading		-	hip of Reporting Person(s) to			
O Kane Mic	chael T		Symbol					Issuer				
ASSUR				JRED GUARANTY LTD				(Check all applicable)				
			[AGO]									
(Last)	(First) (	Middle)	3. Date of	f Earliest Tr	ansaction			_X_ Director		Owner		
· · · · · · · · · · · · · · · · · · ·				Day/Year)				Officer (give title Other (specify below) below)				
30 WOODBOURNE AVENUE 06/09/20				2008				,	,			
	(Street)		4. If Ame	endment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mor				onth/Day/Year)				Applicable Line)				
								_X_ Form filed by O Form filed by M				
HAMILTO	N, D0 HM08							Person				
(City)	(State)	(Zip)	Tabl	le I - Non-D	erivative So	ecuriti	es Acq	uired, Disposed of,	, or Beneficiall	y Owned		
1.Title of	2. Transaction Date	ned	3. 4. Securities Acquired				5. Amount of 6. 7. Nature					
Security	(Month/Day/Year)	n Date, if Transaction(A) or Disposed of (D)					Securities	Ownership	Indirect			
(Instr. 3)		any		Code	(Instr. 3, 4 and 5)				Form: Direct			
		(Month/L	(Month/Day/Year)		(Instr. 8)			Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)		
						$(\mathbf{A})$		Reported	(Instr. 4)	(1115411-1)		
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Common	06/09/2008			А	20.5396	А	<u>(1)</u>	21,514.8973	D			
Shares								) <b>-</b>				

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 of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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			
O Kane Michael T 30 WOODBOURNE AVENUE HAMILTON, D0 HM08	Х						
Signatures							
By: James M. Michener Attorney-in-fact		06/10/20	008				
**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).
- (1) Represents accrual of dividend equivalents on restricted stock units granted pursuant to the Assured Guaranty Ltd. 2004 Long Term Incentive Plan which meets the requirements of Rule 16b-3.

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.