#### Edgar Filing: PRIMUS GUARANTY LTD - Form 4

PRIMUS GU Form 4 August 14, 2	JARANTY LTD									
FORM	1 /								OMB AF	PROVAL
	UNITED	STATES		RITIES A shington,			NGE CO	OMMISSION	OMB Number:	3235-0287
Check the if no long									Expires:	January 31,
subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	6. r Filed purs inue. Section 17(a	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES       Expires:       20         Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,       Estimated average burden hours per response         Filed pursuant to Section 16(a) of the Securities Exchange Act of 1935 or Section       20(1)         Section 17(a) of the Public Utility Holding Company Act of 1935 or Section       20(1)								•
(Print or Type I	Responses)									
1. Name and A LUSARDI I	ddress of Reporting I ROBERT R	Person <u>*</u>	Symbol	r Name and S GUAR				5. Relationship of I Issuer		
(Last)	(First) (M	(liddle)		f Earliest Ti				(Check	c all applicable	)
	JS ASSET ⁄IENT, INC., 360 AVENUE, 23RD		(Month/D 08/13/2					X Director Officer (give t below)	itle 10% Othe below)	Owner r (specify
	(Street)			ndment, Da nth/Day/Year	-	ıl		6. Individual or Joi Applicable Line) _X_ Form filed by O	ne Reporting Per	son
NEW YOR	K, NY 10017							Form filed by M Person	ore than One Rej	porting
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secur	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deen Execution any (Month/D	Date, if	3. Transactic Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
C				Code V	Amount		Price	(Instr. 3 and 4)		
Common Shares, par value \$.08 per share	08/13/2007			Р	2,300	A	\$ 9.5	31,990 <u>(1)</u>	D	
Common Shares, par value \$.08 per share	08/14/2007			Р	400	A	\$ 9.335	32,390 <u>(1)</u>	D	
Common Shares, par	08/14/2007			Р	2,000	А	\$ 9.399	34,390 <u>(1)</u>	D	

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value \$.08 per share							
Common Shares, par value \$.08 per share	08/14/2007	Р	2,000	A	\$ 9.3965	36,390 <u>(1)</u>	D
Common Shares, par value \$.08 per share	08/14/2007	Р	2,000	A	\$ 9.397	38,390 <u>(1)</u>	D
Common Shares, par value \$.08 per share	08/14/2007	Р	1,300	A	\$ 9.4	39,690 <u>(1)</u>	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.

# 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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amoun Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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

 LUSARDI ROBERT R
 X
 X
 X

C/O PRIMUS ASSET MANAGEMENT, INC. 360 MADISON AVENUE, 23RD FLOOR NEW YORK, NY 10017

# Signatures

/s/ Robert R. Lusardi

08/14/2007

<u>Signature</u> 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) Includes 7,890 deferred common shares deliverable to Reporting Person upon the date that he leaves the board of directors.

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.