

# ACE LTD Reported by CIRILLO MARY A

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 08/14/09 for the Period Ending 08/13/09

Telephone 441 295 5200

CIK 0000896159

Symbol ACE

SIC Code 6331 - Fire, Marine, and Casualty Insurance

Industry Insurance (Prop. & Casualty)

Sector Financial

Fiscal Year 12/31





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

### UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP **OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				*	2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
CIRILLO MA	ARY A			4	ACE	LTD [	ACE	]									
(Last) (First) (Middle)				3	3. Date of Earliest Transaction (MM/DD/YYYY)							X Director 10% Owner					
, ,														r (give title l	pelow) _	Other	specify
535 FIFTH AVENUE, 14TH					8/13/2009							below)					
FLOOR																	
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)					
NEW YORK, NY 10017																	
(City) (State) (Zip)											X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	ole I - Non	-Deri	vativ	e Securi	ties Acq	ui	red, Dis	spos	sed	of, or B			•		
1 · · · · · · · · · · · · · · · · · · ·			- 1	rans.	2A. Deemed Execution	3. Trans. Code (Instr. 8)		4. Securities								7. Nature	
			Date	ate				Acquired Disposed			Followir (Instr. 3	ving Reported Transaction(s) 3 and 4)			Ownership Form:	of Indirect Beneficial	
					Date, if	,		(Instr. 3,			_ `	Direc					
						any	Code	V	Amount	(A) or (D)	Pric	e				(I) (Instr. 4)	(Ilisti. 4)
Common Shares 8/			8/13	3/2009		A (1)		4494.61	A	(1)	)	16139.48 (2)			D		
Tab	ole II - De	rivati	ve Securi	ties B	enefi	cially O	wned ( e	.g.	, puts,	cal	ls, v	warrant	s, options	, convert	ible secur	ities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. 4 Deemed T				6. Date Exercisable and Expiration Date			7. Title and Amou Securities Underly Derivative Securit		and Amour	ng D	8. Price of Derivative	of	Ownership	11. Nature of Indirect Beneficial
			Date, if any	Instr. 8)						(Instr. 3 and 4)			(Instr. 5)		Securities Beneficially Owned Following Reported	Direct (D) or Indirect (I) (Instr.	
	Security																
			C	Code V		Date Exercisabl	- 1	Expiration Date	Titl		mount or N hares	lumber of		Transaction (s) (Instr. 4)	4)		

#### **Explanation of Responses:**

- (1) Restricted stock award, granted as director fees under the ACE Limited 2004 Long-Term Incentive Plan (the "Plan"), which meets the requirements of Rule 16b-3. Such restricted stock will vest on the day prior to the next annual ACE Limited shareholders meeting, assuming the reporting person is a director of ACE Limited on such date.
- (2) Total includes 260.86 share units credited at various times between October 2008 and August 2009 to the reporting person's deferred stock account pursuant to the dividend reinvestment provisions of the Plan which meets the requirements of Rule 16b-3.

**Reporting Owners** 

Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
CIRILLO MARY A 535 FIFTH AVENUE, 14TH FLOOR	X							
NEW YORK, NY 10017								

By: Lori Samson, Attorney-in-fact 8/14/2009

\*\* Signature of Reporting Person

Date

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

- \* 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.

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.