

ACE LTD Reported by KEOGH JOHN W

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 05/19/14 for the Period Ending 05/15/14

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				* 2	2. Issuer Name and Ticker or Trading Symbol							g Symb		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Keogh John V	\mathbf{W}			P	AC I	E Ltd [ACE]										
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)								Direct	Director 10% Owner				
														X Officer (give title below) Other (specify below)				
ACE OVERSEAS GENERAL, 1133					5/15/2014									Vice Chairman, COO and*				
AVENUE OF			RICAS															
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							l		6. Individual or Joint/Group Filing (Check Applicable Line)				
NEW YORK	, NY 100	036																
(City) (State) (Zip)														X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	ole I - Non	-Deri	vati	ve Securi	ities A	cq	uired,	Dis	pose	ed of, o	or Beneficiall	y Owned				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			2. Tra Date	ans.	2A. Deemed Execution	3. Trans. Code (Instr. 8)		(A) or I	Dispo	osed of (D) Follow (Instr. :			ring Reported Transaction(s) 3 and 4)		Ownership Form:	7. Nature of Indirect Beneficial		
						Date, if any		Π	(Instr. 3	, 4 ar (A)	10 5)					Direct (D) or Indirect	Ownership (Instr. 4)	
							Code	V	Amount	or	Pri	ice				(I) (Instr. 4)		
Common Shares				5/15/	2014		A		12280	A	((1)	20	05765		D		
Common Shares				5/15/	2014		F (2)		12467	D	\$102	2.29	19	3298		D		
Tab	ole II - De	rivati	ive Securi	ties B	enef	icially O	wned	(e.	. <i>g</i> . , pu	ıts.	calls	, warı	rants, options	, convert	ible secur	ities)		
1. Title of Derivate Security Conversion Trans. Deemed Trans. (Instr. 3) Or Exercise Date Execution Code			rans.	5. N Deri Secu Acqu Disp	umber of vative urities uired (A) or oosed of (D)	6. Date Exercisable and Expiration Date 7. Title and An Securities Unc Derivative Sec (Instr. 3 and 4)				tle and A rities Un vative Se : 3 and 4	Amount of derlying scurity	ying Derivative of Security (Instr. 5)		Ownership Form of Derivative	Beneficial			
			Code V	(A)	(D)	l ^ Ilifiel			Shares	t of Number of	(s) (Instr. 4)							

Explanation of Responses:

- (1) Represents a fully vested premium award pursuant to the ACE Limited 2004 Long-Term Incentive Plan, which meets the requirements of Rule 16b-3.
- (2) Common Shares being withheld to pay tax liability.

Remarks:

*Chairman, ACE Overseas General

Reporting Owners

Demouting Orymon Name / Adduces	Relationships									
Reporting Owner Name / Address	Director	10% (Owner	Officer	Other					
Keogh John W ACE OVERSEAS GENERAL 1133 AVENUE OF THE AMERICAS				Vice Chairman, COO and*	:					
NEW YORK, NY 10036										

Signatures

/s/ Samantha Froud, Attorney-in-fact

5/19/2014

** 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.