EC Form 4													
FORM 4	UNITED ST	ATES S			SANE			IGE C	OMMIS	SION		OMB APPRC	VAL
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. Instruction 1(b).		NT OF CHANGES IN BENEFICIAL OWNERS								HIP OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
1. Name and Address of Reporting Person [°] <u>Waldron Julian</u>	2. Issue	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify			
(Last) (First) ONE ST. PAUL'S CHURCHYARD	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/17/2017							X Onlicer (give nue Onlier (specify below) below) EVP & Chief Operating Officer			
(Street) LONDON X0	EM4M 8AP	4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
Carring Mos (State)	(Zip) ble I - Non-Der	ivative S	ecurities	Aca	uired. I	Dist	osed of	or Ben	eficially				
1. Title of Security (Instr. 3)		saction											
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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 Number.