FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APF | PROVAL |
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| OMB Number: | 3235-028 |

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|---|--|---|--|-------------------------|-------|--|--|
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | |
| Name and Address of Reporting Person* | | 2. Issuer Name and Ticker or Trading Symbol Maiden Holdings, Ltd. [MHLD] | 5. Relationship of R (Check all applicabl | eporting Person(s) to I | ssuer | | |

| | <u> </u> | <u> </u> | | | | | | | | | | | | | | X Dire | ctor | | 10% O | wner | |
|---|---|--|---|---------|--|---|--|---------|------------|---|------|-------------------|---|---|--|---|------------------------------|---|---|---|--|
| (Last) | ` | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/18/2009 | | | | | | | | | | Offic belo | er (give title w) | | Other (below) | specify | |
| 48 PAR- | 8 PAR-LA-VILLE ROAD, SUITE 1141 | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) HAMILT | | | HM11 (Zip) | | | | | | | | | - 1 | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | |
| | | | le I - Nor | n-Deriv | ative | e Se | curiti | es A | cqui | ired, | Disp | osed | of, or | Ben | eficial | lly Own | ed | | | | |
| 1. Title of Security (Instr. 3) | | | | Date | | | 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (Inst | | | 4. Securit | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | Secur Benef Owne | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | v | Amount | : (| (A) or (D) Prid | | | ted action(s) 3 and 4) | | | (Instr. 4) | |
| Common | Common Shares 08 | | | | 3/2009 | 9 | | | | P | | 6,57 | 6,570 A S | | \$7.6 | 1 3 | 36,505 | | D | | |
| | | T | able II - I | | | | | | | | | sed of onverti | | | | Owned | I | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr 8) | | | | Expi | ate Exercisab ration Date nth/Day/Year) | | | 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | ecurity | 8. Price of Derivative Security (Instr. 5) | | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (A) (D) | | e rcisable | | piration ate | | | amount or lumber of Shares | | | | | | |
| Options (right to buy) | \$10 | | | | | | | | | (1) | 07 | //03/2017 | Comm Stoc | | 2,000 | | 12,00 | 10 | D | | |
| Options (right to buy) | \$3.28 | | | | | | | | | (2) | 06 | /26/2008 | Comm Stoc | | 6,000 | | 6,000 | 0 | D | | |
| Options | ΦΕ 11 | 05/01/2000 | | | , | | | | | (2) | | /21/2010 | Comm | ion | 6 000 | •• | 6.000 | <u> </u> | | | |

Explanation of Responses:

- 1. The Stock Options fully vested on July 3, 2008.
- $2.\ The\ Stock\ Options\ fully\ vested\ on\ June\ 26,\ 2009.$
- 3. The Stock Options will vest on June 1, 2010.

/s/ Simcha G. Lyons 08/19/2009

** Signature of Reporting Person

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

- * 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 Number.