

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

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* <u>Bowhead Insurance Holdings LP</u> <hr/> (Last) (First) (Middle) 1411 BROADWAY, SUITE 3800 <hr/> (Street) NEW YORK NY 10018 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/23/2024	3. Issuer Name and Ticker or Trading Symbol <u>Bowhead Specialty Holdings Inc. [ BOW ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	24,000,000	D	

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>Bowhead Insurance Holdings LP</u> <hr/> (Last) (First) (Middle) 1411 BROADWAY, SUITE 3800 <hr/> (Street) NEW YORK NY 10018 <hr/> (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>Bowhead Insurance GP LLC</u> <hr/> (Last) (First) (Middle) 1411 BROADWAY, SUITE 3800 <hr/> (Street) NEW YORK NY 10018 <hr/> (City) (State) (Zip)

Explanation of Responses:

Remarks:

Bowhead Insurance Holdings LP  
 By: Bowhead Insurance GP LLC, 05/23/2024  
its General Partner, By: /s/ H.  
Matthew Crusey, Secretary  
Bowhead Insurance GP LLC, By: 05/23/2024  
/s/ H. Matthew Crusey, Secretary  
 \*\* 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 5 (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.