State Auto Financial CORP Form 4 May 07, 2007

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB

Estimated average

Check this box if no longer subject to Section 16.

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

3235-0287 Number: January 31, Expires: 2005

OMB APPROVAL

Form 4 or Form 5 obligations

may continue.

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(h) of the Investment Company Act of 1940

burden hours per response... 0.5

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * BLACKBURN MARK A			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
			State Auto Financial CORP [STFC]					(Check all applicable)				
(Last) 518 E. BROA) (First) (Middle) BROAD STREET			3. Date of Earliest Transaction (Month/Day/Year) 05/03/2007					Director 10% Owner Selection Other (specify below) Executive Vice President			
				Amendment, Date Original d(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			
COLUMBUS	S, OH 43215								Person	viore than One Re	eporting	
(City)	(State)	(Zip)	Table	I - Non-l	De	rivative S	ecurit	ies Acc	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	any		med on Date, if Day/Year)	3. 4. Securitie TransactionAcquired (Code Disposed of (Instr. 8) (Instr. 3, 4)		(A) or of (D) 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Shares without par value	05/03/2007			Code N	•	Amount 0	(D)	Price \$ 0	(Instr. 3 and 4) 17,442.637 (1)	D		

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitic (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (Right to Buy) NQ	\$ 29.53	05/03/2007		A	14,489	05/03/2008(3)	05/02/2017	Common shares	14,4

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

BLACKBURN MARK A 518 E. BROAD STREET COLUMBUS, OH 43215

Executive Vice President

Signatures

Mark A. Blackburn by James A. Yano, attorney in fact per POA attached.

05/03/2007

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).

Includes the following acquisitions: 14.387 shares acquired in December 2006 and 15.686 shares acquired in March 2007 under the dividend reinvestment feature of the State Auto Financial Corporation Employee Stock Option Purchase Plan; 0.125 shares acquired in

- (1) December 2006 and 0.152 shares acquired in March 2007 under the STFC Dividend Reinvestment Plan; 14.879 shares acquired in December 2006 through the STFC 401(k) Stock Purchase Plan; and 1.066 shares acquired in March 2007 through the STFC non-qualified plan.
- (2) Field should be left blank, but due to a software defect, requires imput.
- (3) The options vest in three equal annual installments beginning on May 3, 2008.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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