## Edgar Filing: Yano James A - Form 4

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Yano James	А											
Form 4												
July 05, 2012	2											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
<b>CUNIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check thi if no long				GES IN BENEFICIAL OW					Expires:	January 31,		
subject to		ENT O	F CHAN					NERSHIP OF	Estimated	2005 average		
Section 16.				SECURITIES					burden hou			
Form 4 or									response			
Form 5 obligation	<b>1</b> 0						-	ge Act of 1934,				
may cont				•	•	- ·		f 1935 or Sectio	n			
See Instru	iction	30(h)	) of the Inv	vestment	Company	y Act	of 19	40				
1(b).												
(Print or Type F	Responses)											
		- *								<i>.</i>		
			Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer					
Yano James A Symbol			•									
			State Au	uto Financial CORP [STFC]				(Check all applicable)				
(Last)	(First) (N	liddle)	3. Date of	Earliest Tra	insaction							
			(Month/D	-			Director 10% Owner X_ Officer (give title Other (specify					
518 E. BROAD STREET 07/02/20			/2012				X_ Officer (give title Other (specify below) below)					
								V	ice President			
	(Street)		4. If Amer	ndment, Date Original			6. Individual or Joint/Group Filing(Check					
				onth/Day/Year)				Applicable Line)				
								_X_ Form filed by				
COLUMBU	S, OH 43215							Person	More than One R	eporting		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	e 2A. De	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Executi	on Date, if	Transactio				Securities	Form: Direct	Indirect		
(Instr. 3)	(Instr. 3) any			Code Disposed of (D)				Beneficially	(D) or Indirect (I)	Beneficial		
(Month/Day/Year)				(Instr. 8) (Instr. 3, 4 and 5)				Owned Following	Ownership (Instr. 4)			
								Reported	(Instr. 4)	(Instr. I)		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common												
shares	07/02/2012			<b>A</b> (1)	7.166	٨	\$ 0	7 016 716 (2)	D			
without par	07/02/2012			$A^{(1)}$	(1)	А	\$0	7,916.716 <u>(2)</u>	D			
value												

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	5	Relationships							
	Director	10% Owner	Officer	Other					
Yano James A 518 E. BROAD STREET COLUMBUS, OH 43215			Vice President						
Signatures									
/s/ James A. Yano	07/05/2012								

Reporting Person Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Transaciton reflects an Anniversary Stock Award made to the reporting person.

(2) Includes indirect holdings by spouse of 2,000 shares. The reporting person disclaims beneficial ownership of shares held by spouse. Also includes the following acquisitions: 46.718 shares acquired in March 2012 as dividend reinvestment; 49.401 shares acquired in June 2012 as dividend reinvestment; 554.019 shares acquired in June 2012 under the STFC Employee Stock Purchase Plan; 7.416 shares acquired in June 2012 through the State Auto Financial 401(k) plan.

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.

\*\*Signature of