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MEUSE DA Form 4 August 16, 2									
FORM	4				~~~			OMB AF	PROVAL
	• • UNITED S	STATES SECUE Was	RITIES A shington,			NGE CC	DMMISSION	OMB Number:	3235-0287
Check thi if no long subject to Section 1 Form 4 o Form 5	Ger STATEM 6. r	ENT OF CHAN	GES IN SECUR	BENEF RITIES	ICIA			Expires: Estimated a burden hour response	
obligation may cont <i>See</i> Instru 1(b).	$\frac{18}{1000}$ Section 17(a	a) of the Public U 30(h) of the In	tility Hold	ding Cor	npan	y Act of 1	935 or Section		
(Print or Type F	Responses)								
1. Name and A MEUSE DA	ddress of Reporting I VID R	Symbol	r Name and			Ι	. Relationship of I ssuer	Reporting Pers	on(s) to
(Last)	(First) (N		uto Finan f Earliest Ti		CP [3	IFCJ	(Check	all applicable)
. ,	TH COLUMBUS	(Month/D	Day/Year)	unsaction		_	_X Director Officer (give t elow)		Owner r (specify
	(Street)		endment, Da hth/Day/Year	-	1	A	5. Individual or Joi Applicable Line)	-	-
LANCASTI	ER, OH 43130					_	X_Form filed by O Form filed by Mo Person		
(City)	(State)	(Zip) Tabl	e I - Non-E	Derivative	Secur	ities Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)		sed of 4 and		Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Codo V	Amount	(A) or	Duine	Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Shares without par value	08/10/2012		Code V P	3,000	(D) A	Price \$ 13.9897	3,000 <u>(1)</u>	Ι	Spouse
Common shares without par value	08/14/2012		Р	2,000	A	\$ 14	5,000 <u>(1)</u>	Ι	Spouse
Common shares without par value	08/14/2012		Р	5,000	А	\$ 13.999	0 10,000 <u>(1)</u>	Ι	Spouse

55.000 D
55,000 D
16,572.977 D
<u>(2)</u> D

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

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 control number.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MEUSE DAVID R 2200 NORTH COLUMBUS ST. LANCASTER, OH 43130	Х			
Signatures				

David R. Meuse by James A. Yano, attorney in fact pursuant to a POA filed with the O8/16/2012 Commission on 5/4/07.

**Signature of Reporting Person

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).

Date

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(1) The reporting person disclaims beneficial ownership of shares held by spouse.

Represents restricted share units previously granted under Outside Directors Restricted Share Unit Plan and restricted share units credited with dividends, equivalent in value to those declared and paid on one share of STFC common stock. 176.312 shares acquired on 6/30/12.

(2) Each restricted share unit represents a right to receive one share of STFC common stock. The restricted share units become payable, in cash or common shares, at the election of the reporting person, upon the reporting person's termination of services as a driector, following a six month vesting period.

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.