Edgar Filing: State Auto Financial CORP - Form 4

State Auto Financial CORP Form 4 November 20, 2014

OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading STATE AUTOMOBILE MUTUAL Issuer Symbol **INSURANCE CO** State Auto Financial CORP [STFC] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) Director X__ 10% Owner _ Other (specify Officer (give title 518 E. BROAD STREET 11/19/2014 below) below) (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting COLUMBUS, OH 43215 Person (City) (State) (Zip)

(City)	(State)	(Zip) Tal	ble I - Non-	Derivative	Secu	irities Acq	uired, 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) Code V	4. Securiti on(A) or Dis (Instr. 3, 4 Amount	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Shares without par value	11/19/2014		Р	8,646	A	\$ 20.237	25,594,241.08	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)

Derivative	2. Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D			unt of	Derivative	Deriv
Security	or Exercise	(monus Duy) i our)	any	Code	of	(Month/Day			erlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	-	,	Secu		(Instr. 5)	Bene
	Derivative				Securities			(Inst	: 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or Disposed						Repo Trans
					of (D)						(Instr
					(Instr. 3,						(III)
					4, and 5)						
									Amount		
						Data	Englanding		or		
						Date Exercisable	Expiration Date	Title	Number		
				a			Date		of		
				Code V	(A) (D)				Shares		
Reporting Owners											
			Relationships								
	Reporting Owner Name / Address										
				Director	10% Ov	wner Office	r Other				
STATE A	UTOMOB	ILE MUTUAL IN	ISURANCE CO								
	ROAD STR				Х						
	BUS, OH 43										
COLUMI	JUD, 011 4.	215									

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4.

5.

6. Date Exercisable and 7. Title and

8. Price of

9. Nt

Signatures

1. Title of 2.

State Automobile Mutual Insurance Company by James A. Yano,	
Secretary	11/20/2014
**Signature of Reporting Person	Date

Explanation of Responses:

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

3. Transaction Date 3A. Deemed

** 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. 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.