Edgar Filing: State Auto Financial CORP - Form 4

State Auto Financial CORP Form 4 December 01, 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 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or

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

(Print or Type Responses)

Form 5

1(b).

1. Name and Address of Reporting Person <u>*</u> STATE AUTOMOBILE MUTUAL INSURANCE CO			suer Name and Ticker or Trading ol Auto Financial CORP [STFC]	 Relationship of Reporting Person(s) to Issuer (Check all applicable) 				
(Last) 518 E. BR	(First)	(Month	e of Earliest Transaction th/Day/Year) 5/2014	Director X 10% Owner Officer (give title Other (specify below)				
COLUME	(Street) BUS, OH 43215		Amendment, Date Original 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 Person				
(City)	(State)	(Zip) Ta	Cable I - Non-Derivative Securities A	equired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 3, 4 and 5)	SecuritiesOwnershipIndirectBeneficiallyForm:BeneficialOwned FollowingDirect (D)OwnershipReportedor Indirect(Instr. 4)Transaction(s)(I)(Instr. 3 and 4)(Instr. 4)				
Common Shares without par value	11/26/2014		P 8,719 A ^{\$} 20.076	7 25,633,325.08 D				

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

2005

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response...

1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Date 3A. Deeme Conversion (Month/Day/Year) Execution I or Exercise Normal Month/Day Price of Month/Day Derivative Security		Execution Date, if	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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				Relationships						
STATE AUTOMOBILE MUTUAL INSURANCE CO					10% Ov	vner Officei	Control Other				
518 E. BROAD STREET COLUMBUS, OH 43215				Х							

Signatures

State Automobile Mutual Insurance Company by James A. Yano,	
Secretary	12/01/2014
<u>**</u> 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).

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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