## Edgar Filing: State Auto Financial CORP - Form 4

	Financial CORP										
Form 4 February 24	4 2015										
	ЛЛ								OMB AP	PROVAL	
FORI	UNITED	<b>STATES</b>		<b>RITIES</b> ashingtor				OMMISSION	OMB Number:	3235-0287	
Check if no lo subject	MENT OF	F CHANGES IN BENEFICIAL OWNE					ERSHIP OF	Expires: Estimated av	January 31, 2005		
Section	Section 16. SECURITIES					burden hours per					
Form 4 Form 5 obligat may co	Filed pu	(a) of the H	Public V	Utility Ho	olding Co	mpa	ny Act of	Act of 1934, 1935 or Section	response	0.5	
<i>See</i> Ins 1(b).	truction	30(n)	of the l	investmer	n Compa	iny A	ct of 1940	J			
(Print or Type	e Responses)										
STATE AUTOMOBILE MUTUAL Syn				Issuer Name <b>and</b> Ticker or Trading nbol				5. Relationship of Reporting Person(s) to Issuer			
INSURAN	NCE CO		State A	Auto Fina	ncial CO	RP [	STFC]	(Check	all applicable)		
(Last) (First) (Middle) 518 E. BROAD STREET			3. Date of Earliest Transaction (Month/Day/Year) 02/23/2015					DirectorX 10% Owner Officer (give title Other (specify below) below)			
				nendment, I onth/Day/Ye	-	nal		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
COLUMB	SUS, OH 43215							Form filed by Mo Person			
(City)	(State)	(Zip)	Та	ble I - Non	-Derivativ	e Seci	ırities Acqu	uired, Disposed of,	or Beneficially	y Owned	
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				5. Amount of Securities Beneficially Owned Followin Reported Transaction(s)	6. Ownership Form: g Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(Instr. 4)		
Common Shares without par value	02/23/2015			Р	10,708	А	\$ 23.4759	25,688,130.08	B 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 Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)		Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/ e s	Date	Amo Unde Secu	unt of erlying rities r. 3 and 4)	Derivative Security (Instr. 5)	Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repor	rting O	wners									
	Reporting	Reporting Owner Name / Address			<b>Relationships</b> Director 10% Owner Officer Other						
518 E. BR	AUTOMOBI ROAD STRI BUS, OH 43		ISURANCE CO		х						

## Signatures

1. Title of 2.

State Automobile Mutual Insurance Company by James A. Yano,	
Secretary	02/24/2015
**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.

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5.

6. Date Exercisable and 7. Title and

8. Price of

9. Nt