State Auto Financial CORP Form 4 March 09, 2015

### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

Number:

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obligations

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

may continue. See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Buss Jessica Elizabeth

2. Issuer Name and Ticker or Trading Symbol

State Auto Financial CORP [STFC]

Issuer

(Last)

(City)

(First)

(Street)

(Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year) 03/05/2015

Director 10% Owner

5. Relationship of Reporting Person(s) to

(Check all applicable)

X\_ Officer (give title Other (specify below) below) Senior Vice President

518 E. BROAD STREET

4. If Amendment, Date Original Filed(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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

COLUMBUS, OH 43215

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(State)

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(A)

Transaction(s) (Instr. 3 and 4)

or Code V Amount (D) Price

Common

value

Shares without par

03/05/2015

2.192 Α Α

\$ 0 7,737.175 (1)

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 required to respond unless the form displays a currently valid OMB control number.

(9-02)

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

# 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. Transactic Code (Instr. 8)	5. Number tion Derivative Securities (Month/Day/Year)  Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Employee Stock Option (Right to Buy) NQ	\$ 22.72	03/05/2015		A	9,257	03/05/2016(2)	03/04/2025	Common Shares	9,257

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Buss Jessica Elizabeth 518 E. BROAD STREET COLUMBUS, OH 43215

Senior Vice President

## **Signatures**

/s/Jessica E. Buss by James A. Yano, attorney in fact pursuant to POA filed with the Commission 3/7/11.

03/09/2015

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Includes the following acquistitions: A Restricted Stock Grant of 2,192 shares was issued on 3/5/15 which has a 3 year cliff vest based on

- (1) service only; 512.882 shares acquired in June 2014 and 453.482 shares acquired in December 2014 under the State Auto Financial Employee Stock Purchase Plan; 37.790 shares acquired in December 2014 as dividend reinvestment; and 32.558 shares acquired in 2014 as Restricted Dividends.
- (2) The options vest in three equal annual installments beginning on March 5, 2016.
- (3) Field should be left blank, but due to a software defect, requires input.

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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