State Auto Financial CORP Form 4 March 09, 2015

FORM 4

OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and A POWELL C	Symbol	2. Issuer Name and Ticker or Trading Symbol State Auto Financial CORP [STFC]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (M	iddle) 3. Date of	3. Date of Earliest Transaction				(Check all applicable)			
, ,	AD STREET	(Month/D	(Month/Day/Year) 03/05/2015				Director 10% Owner Officer (give title Other (specify below) Senior Vice President			
	endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
COLUMBU	S, OH 43215						Form filed by Person	More than One Ro	eporting	
(City)	(State) Table I - Non-Derivative Securities Acquired, 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)	3. Transaction Code (Instr. 8)	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		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	03/05/2015		A	1,201	A	\$ 0	17,139.878 (1)	D		

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

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SEC 1474

(9-02)

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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	on (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				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	5,071	03/05/2016(2)	03/04/2025	Common Shares	5,071

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

POWELL CYNTHIA A 518 E. BROAD STREET COLUMBUS, OH 43215

Senior Vice President

Signatures

Cynthia A. Powell by James A. Yano, attorney in fact pursuant to POA filed with Commission 5/7/07.

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 acquisitions: A Restricted Stock Grant of 1,201 shares was issued on 3/5/15 which has a 3 year cliff vest based on service only; 33.750 and 30.768 shares acquired in March 2014, 32.406 and 29.543 shares acquired in June 2014, 35.548 and 32.407

- (1) shares acquired in September 2014, and 29.324 and 32.165 shares acquired in December 2014 under the State Auto Financial CP Reinvestment; 11.668 shares acquired in September 2014, 6.403 shares acquired in December 2014 and 5.951 shares acquired in January 2015 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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