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

| State Auto<br>Form 4   | Financial CORP  |  |   |   |                  |  |                        |  |  |   |  |
|--|---|--|---|---|------------------|--|------------------------|--|--|---|--|
| April 14, 2  | 015   |  |   |   |                  |  |                        |  |  |   |  |
| -  | ЛЛ  |  |   |   |                  |  |                        |  | OMB AP   | PROVAL  |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549   |   |  |   |   |                  | OMMISSION  | OMB<br>Number:         | 3235-0287  |  |   |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or   |   |  |   |   | N BENE<br>RITIES |  | AL OWN                 | NERSHIP OF   | Expires:<br>Estimated av<br>burden hour<br>response                        |   |  |
| Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Sectionmay continue.30(h) of the Investment Company Act of 19401(b).1000000000000000000000000000000000000 |   |  |   |   |                  |  |                        |  |  |   |  |
| (Print or Type   | e Responses)  |  |   |   |                  |  |                        |  |  |   |  |
| 1. Name and<br>STATE A   | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol |  |   |   |                  | 5. Relationship of Reporting Person(s) to Issuer |                        |  |  |   |  |
| INSURAN  | State Auto Financial CORP [STFC]                      |  |   |   |                  | (Check all applicable)                           |                        |  |  |   |  |
| (Last) (First) (Middle)<br>518 E. BROAD STREET   |   |  | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>04/13/2015 |   |                  |  |                        | DirectorX10% Owner<br>Officer (give title Other (specify<br>below) below)  |  |   |  |
|  |   |  | 4. If Amendment, Date Original<br>Filed(Month/Day/Year)           |   |                  |  |                        | <ol> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ol> |  |   |  |
| COLUMB   | US, OH 43215  |  |   |   |                  |  |                        | Form filed by Mo<br>Person   |  |   |  |
| (City)   | (State)   | (Zip)  | Ta  | ble I - Non   | -Derivativ       | ve Sec   | urities Acq            | uired, Disposed of,  | or Beneficiall   | y Owned   |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date<br>(Month/Day/Year)               | 2A. Deeme<br>Execution I<br>any<br>(Month/Da | Date, if  | 3. 4. Securities Acquired (A<br>Transaction Disposed of (D)<br>Code (Instr. 3, 4 and 5)<br>(Instr. 8)<br>(A)<br>or<br>Code V Amount (D) Price |                  |  | (D)<br>5)              | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                    | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common<br>Shares<br>without<br>par value   | 04/13/2015  |  |   | P   |                  | (D)<br>A   | Price<br>\$<br>25.0135 | 25,823,876.08  | 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<br>Security<br>(Instr. 3) | Conversion<br>or Exercise<br>Price of<br>Derivative | (Month/Day/Year)   | Execution Date, if<br>any<br>(Month/Day/Year) | Code  | of<br>Derivative<br>Securities                                      | (Month/Day/<br>e    |                    | Unde<br>Secu | unt of<br>orlying<br>rities<br>r. 3 and 4) | Derivative<br>Security<br>(Instr. 5) | Deriv<br>Secur<br>Bene<br>Owne   |
|--------------------------------------|---|--------------------|---|---|---|---------------------|--------------------|--------------|--|--------------------------------------|----------------------------------|
|                                      | Security  |                    |   |   | Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     |                    |              |  |                                      | Follo<br>Repo<br>Trans<br>(Instr |
|                                      |   |                    |   | Code V  | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title        | Amount<br>or<br>Number<br>of<br>Shares     |                                      |                                  |
| Repor                                | Reporting Owners                                    |                    |   |   |   |                     |                    |              |  |                                      |                                  |
|                                      | Reporting   | g Owner Name / Add | lress   | <b>Relationships</b> Director 10% Owner Officer Other |   |                     |                    |              |  |                                      |                                  |
| 518 E. BR                            | UTOMOB<br>ROAD STRI<br>BUS, OH 43                   |                    | ISURANCE CO                                   |   | Х   |                     |                    |              |  |                                      |                                  |

## Signatures

1. Title of 2.

| State Automobile Mutual Insurance Company by James A. Yano, |            |
|---|------------|
| Secretary   | 04/14/2015 |
| **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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4.

5.

6. Date Exercisable and 7. Title and

8. Price of

9. Nt