State Auto Financial CORP Form 4 March 07, 2016

FORM 4

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

OMB APPROVAL OMB

Expires:

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

3235-0287 Number: January 31,

2005

Section 16. Form 4 or Form 5

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Estimated average burden hours per response... 0.5

obligations may continue. See Instruction

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 Address of Reporting Person * 2. Issuer Name and Ticker or Trading English Steven Eugene Symbol State Auto Financial CORP [STFC] (First) (Middle) (Last)

5. Relationship of Reporting Person(s) to Issuer

3. Date of Earliest Transaction

(Month/Day/Year) 03/03/2016

Director 10% Owner X_ Officer (give title

Senior Vice President

(Check all applicable)

below)

Other (specify below)

(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

COLUMBUS, OH 43215

518 E. BROAD STREET

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

(Zip)

(State)

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

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Beneficial Indirect (I) Ownership Owned Following (Instr. 4) (Instr. 4) Reported

(A) Transaction(s)

or (Instr. 3 and 4) Code V Amount (D) Price

Common

(City)

Shares 03/03/2016 without par

2.334 \$0 21,300.872 (1) D Α Α

value

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

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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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and A Underlying S (Instr. 3 and	Securition
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (Right to Buy) NQ	\$ 21.92	03/03/2016		A	10,164	03/03/2017(2)	03/02/2026	Common Shares	10,1

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

English Steven Eugene 518 E. BROAD STREET COLUMBUS, OH 43215

Senior Vice President

Signatures

/s/Steven E. English by Melissa A. Centers, attorney in fact, per POA attached.

03/07/2016

**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 2,334 shares was issued on 3/3/16 which has a 3 year cliff vest based on service only; 50.099 shares acquired in March 2015, 51.500 shares acquired in June 2015, 52.382 shares acquired in September 2015 and

- (1) 60.191 shares acquired in December 2015 under the STFC Dividend Reinvestment Plan; 485.07 shares acquired in June 2015 and 528.796 shares acquired in December 2015 through the State Auto Financial Corp. Employee Stock Purchase Plan; 24.650 and 42.750 shares acquired in 2015 as Restricted Reinvestment.
- (2) The options vest in three equal annual installments beginning on March 3, 2017.
- (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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