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

State Auto Financial CORP Form 4 February 26, 2015 FORM 4

Check this box

if no longer

Section 16.

Form 4 or

Form 5

1(b).

subject to

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> STATE AUTOMOBILE MUTUAL INSURANCE CO			2. Issuer Name <b>and</b> Ticker or Trading Symbol State Auto Financial CORP [STFC]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)		3. Date of Earliest Transaction (Month/Day/Year)			(Check all applicable) Director X 10% Owner					
518 E. BROAD STREET			02/25/2015					Officer (give title Officer (specify below)			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>				
COLUME	BUS, OH 43215							Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Та	ble I - Non-De	erivative	e Secu	rities Acqu	iired, Disposed of, or	r Beneficially	<b>Owned</b>	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution E any (Month/Day	Date, if	Transactionor Code (In (Instr. 8)		ed of (		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	02/25/2015			P 10	0,708	A	\$ 24.3311	25,704,065.08	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

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burden hours per

Derivative Security (Instr. 3)	e Conversion or Exercise Price of Derivative Security	(Month/Day/Year)		Transactio Code (Instr. 8)	onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	unt of rlying rities : 3 and 4)	Derivative Security (Instr. 5)	I 22 14 14 14 17 17 17 17
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	orting O	wners									
	Reportin	Reporting Owner Name / Address			<b>Relationships</b> Director 10% Owner Officer Other						
518 E. B	AUTOMOB BROAD STR IBUS, OH 43		ISURANCE CO		Х						

# Signatures

1. Title of 2.

State Automobile Mutual Insurance Company by James A. Yano,	
Secretary	02/26/2015
**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

Deriv Secu: Bene Own Follo Repo Trans (Instr