Edgar Filing: State Auto Financial CORP - Form 4

Form 4 May 21, 20 FORM Check to if no lo subject Section Form 4 Form 5 obligati may co <i>See</i> Insi 1(b).	VI 4 this box nger to 16. or sons ntinue. truction STATE STATE STATE STATE Section 17	MENT O	Wa F CHA Section Public U	ashingto NGES II SECU 16(a) of	n, D.C. 2 N BENE VRITIES the Secu olding C	2054 EFIC S rities ompa	9 IAL OV Exchan	COMMISSIC VNERSHIP O age Act of 1934 of 1935 or Sect 940	IF IF k	OMB Number: Expires: Estimate	Januar d average nours per	0287	
(Print or Type	e Responses)												
RESTREPO ROBERT P JR Symb				ier Name a Auto Fina				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First)	(Middle)	3. Date	e of Earliest Transaction				(Cl					
518 E. BR	(Month) 18 E. BROAD STREET 05/19/				h/Day/Year) 0/2015				_X_ Director10% Owner _X_ Officer (give titleOther (specify below) below) Chairman				
				nendment, onth/Day/Yo		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivati	ve Sec	urities A	cquired, Disposed	l of, o	or Benefi	cially Owned	I	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Secur on(A) or D (Instr. 3, Amount	ispose 4 and (A) or	ed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form Direc	ership 1: ct (D) direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Shares without Par Value								3,803.838 (1)	I		By 401(k) plan		
Common Shares without Par Value								18,968.304 (2)	I		By Non-qualif deferred compensat plan		
Common Shares without	05/19/2015			Р	300	А	\$ 22.72	97,422.988 (3)	D				

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Par Value

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	of		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address				
1	Director	10% Owner	Officer	Other
RESTREPO ROBERT P JR 518 E. BROAD STREET COLUMBUS, OH 43215	Х		Chairman	

Signatures

/s/Robert P. Restrepo, Jr. by James A. Yano, attorney in fact pursuant to POA filed with Commission 5/7/07.

**Signature of Reporting Person

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).
- (1) Includes the following acquisitions: 15.672 shares thru the 401(k) account.
- (2) Includes the following acquisitions: 79.068 shares thru the NQ Plan.
- (3) Includes the following acquisitions: 312.16 shares as dividend reinvestment.

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.

05/21/2015

Date