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PROGRES Form 4 February 2	SIVE CORP/OH/ 3, 2015	,										
FOR									OMB AP	PROVAL		
	VI 4 UNITED	STATES			AND EXCH n, D.C. 2054		GE CON	MISSION	OMB Number:	3235-0287		
Check if no lo	this box						Expires:	January 31, 2005				
subject			N BENEFIC	IAL (RSHIP OF	Estimated average						
Section 16. SECURITIES								burden hours per				
Form 5		rsuant to S	Section	16(a) of 1	the Securities	Excl	nange A	ct of 1934	response	0.5		
obligat	ions Section 17						U	35 or Section				
may co <i>See</i> Ins 1(b).	truction			•	nt Company A	•						
(Print or Type	e Responses)											
1. Name and Address of Reporting Person * 2. Issuer RENWICK GLENN M Symbol				I.				. Relationship of Reporting Person(s) to ssuer				
			-		E CORP/OH	/ [PG]	R]	(Chaol	allannliashla			
(Last)	(First)	(Middle)	3. Date	Date of Earliest Transaction				(Check all applicable)				
								X Director 10% Owner _X_ Officer (give title Other (specify				
6300 WIL	SON MILLS ROA	AD	02/19/	2015				ow)	below) President and (
(Street) 4. If Am				Amendment, Date Original 6				6. Individual or Joint/Group Filing(Check				
						Applicable Line) X_ Form filed by One Reporting Person						
MAYFIEI	LD VILLAGE, OF	H 44143						Form filed by Mo Form filed by Mo son				
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivative Sec	urities	s Acquire	ed, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date any (Month/Day/Y		Date, if						6. Ownership Form: Direct (D)	Beneficial O) Ownership		
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	or Indired (I) (Instr. 4)	ct (Instr. 4)		
Common	02/19/2015			A <u>(1)</u>	15,403.228	A A	\$ 0	1,236,271.3	91 D			
Common	02/19/2015			F	5,060	D	\$ 26.62	1,231,211.3				

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. Transactio 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 Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deri Secu (Inst
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Comp Unit	\$ 0 <u>(2)</u>	02/19/2015	A <u>(3)</u>	98,168	<u>(4)</u>	(5)	Common	98,168	S

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
RENWICK GLENN M 6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143	Х		Chairman, President and CEO				
Signatures							
/s/ David M. Coffey, By Power of Attorney		02/23/20	15				

Explanation of Responses:

**Signature of Reporting Person

* 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).

Date

These common shares were acquired upon the vesting of dividend equivalent units related to the performance-based restricted stock unit (1) award granted in 2012 and deferred by the reporting person. These dividend equivalent units are not eligible for deferral under any applicable plan.

- (2) 1 for 1
- (3) The reporting person elected to defer receipt of common shares upon the vesting of a performance-based restricted stock units award made in 2012.
- (4) Units will not be exercisable prior to distribution and will be distributed in an equivalent number of Common Shares at the time elected by the reporting person, subject to the payment provisions of the plan.
- (5) Expiration Date is the same as the Date Exercisable.

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.