Edgar Filing: State Auto Financial CORP - Form 4

| | Financial CORP | | | | | | | | | | | |
|--|---|--|------------|---|--------------------------|------------------------------|-----------------------------------|---|--|---|--|--|
| Form 4 | 2014 | | | | | | | | | | | |
| August 27, | | | | | | | | | OMB AP | PROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | OMMISSION | OMB Number: | 3235-0287 | | | | |
| if no lo subject Section Form 4 Form 5 obligat may co | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 16. Form 4 or Form 5 Section 16. Form 5 Section 16. Form 4 or Section 16. Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | e Act of 1934, 1935 or Section | Expires:January 31, 2005Estimated average burden hours per response0.5 | | | | |
| (Print or Type | e Responses) | | | | | | | | | | | |
| DIGUDANCE CO | | | | 2. Issuer Name and Ticker or Trading ymbol tate Auto Financial CORP [STFC] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | (Month/ | 3. Date of Earliest Transaction Month/Day/Year) | | | | (Check all applicable) | | | | |
| 518 E. BROAD STREET | | | 08/26/2014 | | | | | Difficer (give title Other (specify below) below) | | | | |
| | | | | Amendment, Date Original (Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| COLUMB | US, OH 43215 | | | | | | | Form filed by Mc Person | | | | |
| (City) | (State) | (Zip) | Ta | ble I - Non | -Derivativ | ve Sec | urities Acq | uired, Disposed of, | or Beneficiall | y Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deeme Execution I any (Month/Da | Date, if | 3. Transactio Code (Instr. 8) Code V | onor Dispo (Instr. 3, | sed of 4 and (A) or | | 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 | 08/26/2014 | | | Р | 6,284 | A | \$ 21.7403 | 25,523,188.08 | 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)

| 1. Title of Derivative Security (Instr. 3) | 2. 3. Transaction Date 3A. Deemed Conversion or Exercise Price of Derivative Security 34. Deemed Execution D (Month/Day/Year) 45. 45. 45. 45. 45. 45. 45. 45. 45. 45. | | Execution Date, if | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|--|-------------------|--------------------|--|---|-----------------------------------|--------------------|---|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |
| Reporting Owners | | | | | | | | | | | |
| | Reportin | g Owner Name / Ad | dress | Director | | t ionships vner Officer | Other | | | | |
| 518 E. BF | AUTOMOB ROAD STR BUS, OH 43 | | ISURANCE CO | | х | | | | | | |

Signatures

| State Automobile Mutual Insurance Company by James A. Yano, | |
|---|------------|
| Secretary | 08/27/2014 |
| **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).

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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