Edgar Filing: State Auto Financial CORP - Form 4

	Financial CORP										
Form 4											
July 16, 20	15										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL				
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
	this box				., 2.0.	100 12			Expires:	January 31,	
if no longer subject to STATEMENT OF				NGES IN	N BENE	FICI	AL OW	NERSHIP OF		2005	
Section								Estimated average burden hours per			
Form 4								response	0.5		
	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,										
may co				•	•	-	•	f 1935 or Section			
	truction	30(h)	of the I	nvestmer	it Comp	any P	Act of 194	40			
1(b).											
(Print or Type	e Responses)										
1. Name and STATE A	2. Issuer Name and Ticker or Trading				ding	5. Relationship of Reporting Person(s) to Issuer					
STATE AUTOMOBILE MUTUAL INSURANCE CO			Symbol State Auto Financial CORP [STFC]					(Check all applicable)			
(Last)	(First)	(Middle)		of Earliest	Transactio	n		Director	_X_ 10%	Owner	
518 E. BROAD STREET			(Month/Day/Year) 07/15/2015					Officer (give titleOther (specify below) below)			
	(Street)		4 If An	nendment I	Date Origi	nal		, ,	,	v(Check	
(Succe)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
COLUMB	US, OH 43215		,	ĩ	,			_X_ Form filed by On Form filed by Mo Person			
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivativ	e Seci	urities Acc	uired, Disposed of, o	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date,			Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported	Direct (D)	7. Nature of Indirect Beneficial Ownership	
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
Common							+				
Shares without par value	07/15/2015			Р	500	А	\$ 26.454	25,913,610.268	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)

Derivative	2. Conversion	(Month/Day/Year)		Transactio	onNumber	Expiration D			unt of	Derivative	Deriv
Security	or Exercise	(any	Code	of	(Month/Day/			erlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ			Secu		(Instr. 5)	Bene
	Derivative				Securities			(Insti	r. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or Disposed						Repo Trans
					of (D)						(Instr
					(Instr. 3,						X
					4, and 5)						
									Amount		
						Date	Evaluation		or		
						Exercisable	Expiration Date	Title	Number		
							Dute		of		
				Code V	(A) (D)				Shares		
Repo	rting O	wners									
	- 3 -										
			Relationships								
	Reporting Owner Name / Address			D:	or 10% Owner Officer Other						
				Director	10% Ov	wner Office	r Other				
STATE A	UTOMOB	ILE MUTUAL IN	ISURANCE CO								
518 E. BF	ROAD STR	EET			Х						
	BUS, OH 43										
	,										

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4.

5.

6. Date Exercisable and 7. Title and

8. Price of

9. Nt

Signatures

1. Title of 2.

State Automobile Mutual Insurance Company by James A. Yano,	
Secretary	07/16/2015
**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.