State Auto Financial CORP Form 4 March 10, 2014

### FORM 4

#### **OMB APPROVAL**

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

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005 Estimated average

Form 5 obligations may continue.

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

**SECURITIES** 

burden hours per response...

Form filed by More than One Reporting

See Instruction

30(h) of the Investment Company Act of 1940

0.5

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Siegworth Lorraine M |          |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer                                       |  |  |
|--|----------|----------|--|--|--|--|
|  |          |          | State Auto Financial CORP [STFC]                   | (Check all applicable)   |  |  |
| (Last)   | (First)  | (Middle) | 3. Date of Earliest Transaction                    | •  |  |  |
| 518 E. BROAD STREET  |          |          | (Month/Day/Year)<br>03/06/2014                     | Director 10% Owner _X Officer (give title Other (specify below)  Senior Vice President |  |  |
|  | (Street) |          | 4. If Amendment, Date Original                     | 6. Individual or Joint/Group Filing(Check  |  |  |
|  |          |          | Filed(Month/Day/Year)                              | Applicable Line)  X Form filed by One Reporting Person                                 |  |  |

#### COLUMBUS, OH 43215

| (City)                                   | (State) (Z                           | Zip) Table                              | I - Non-De                | erivative S                                      | Securi    | ties Ac                                    | quired, Disposed   | of, or Beneficial                | lly Owned               |
|--|--------------------------------------|---|---------------------------|--|-----------|--|--|----------------------------------|-------------------------|
| 1.Title of<br>Security<br>(Instr. 3)     | 2. Transaction Date (Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any | 3.<br>Transaction<br>Code | 4. Securities on Acquired (A) or Disposed of (D) |           | 5. Amount of<br>Securities<br>Beneficially | 6. Ownership Form: Direct (D) or                                     | 7. Nature of Indirect Beneficial |                         |
|  |                                      | (Month/Day/Year)                        | (Instr. 8)                | (Instr. 3,                                       | (A)<br>or | ,  | Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | Indirect (I)<br>(Instr. 4)       | Ownership<br>(Instr. 4) |
| Common<br>Shares<br>without par<br>value | 03/06/2014                           |   | Code V A                  | Amount 1,585                                     | (D)       | Price                                      | 9,182.556 <u>(1)</u>   | 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.

Person

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

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5. Number of Derivative 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) |                                       |
|---|---|--------------------------------------|---|--|---|--|--------------------|---|---------------------------------------|
|   |   |                                      |   | Code V                                 | (A) (D)   | Date Exercisable   | Expiration<br>Date | Title   | Amoun<br>or<br>Number<br>of<br>Shares |
| Employee<br>Stock<br>Option<br>(Right to<br>Buy) NQ | \$ 21.23  | 03/06/2014                           |   | A                                      | 6,721   | 03/06/2015(2)  | 03/05/2024         | Common<br>Shares  | 6,721                                 |

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Siegworth Lorraine M 518 E. BROAD STREET COLUMBUS, OH 43215

Senior Vice President

### **Signatures**

Lorraine M. Siegworth by James A. Yano, attorney in fact pursuant to POA filed with Commission 5/7/07.

03/10/2014

\*\*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).
  - Includes the following acquisitions: A Restricted Stock Grant of 1,585 shares was issued on 3/6/14 which has a 3 year cliff vest based on
- (1) service only; 695.089 shares acquired in June 2013 and 582.715 shares acquired in December 2013 under the State Auto Financial Employee Stock Purchase Plan.
- (2) The options vest in thee equal installments beginning on March 6, 2015.
- (3) field should be left blank, but due to a software defect, requires input.

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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