#### KOHNSTAMM ABBY F

Form 4 May 10, 2010

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person ** KOHNSTAMM ABBY F |         |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer        |  |  |  |
|---|---------|----------|--|---|--|--|--|
|   |         |          | PROGRESSIVE CORP/OH/ [PGR]                         | (Check all applicable)                                  |  |  |  |
| (Last)  | (First) | (Middle) | 3. Date of Earliest Transaction                    |   |  |  |  |
|   |         |          | (Month/Day/Year)                                   | X Director 10% Owner                                    |  |  |  |
| 6300 WILSON MILLS ROAD                                      |         |          | 05/06/2010   | Officer (give title below) Other (spe                   |  |  |  |
| (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 |  |  |  |
| MAYFIELD VILLAGE, OH 44143                                  |         |          |  | Form filed by More than One Reporting Person            |  |  |  |
| (City)  | (State) | (Zip)    |  |   |  |  |  |

| (City)                               | (State)                              | Tabl  | e I - Non-I        | <b>Derivative</b>   | Secui | rities Acqu     | ired, Disposed of  | , or Beneficiall   | y Owned   |  |
|--------------------------------------|--------------------------------------|---|--------------------|---|-------|-----------------|--|--|---|--|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | Code<br>(Instr. 8) | 4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or |       | d of (D)<br>5)  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common                               | 05/06/2010                           |   | Code V<br>S        | Amount 9,300  | (D)   | Price \$ 20.324 | 31,013   | D  |   |  |
| Common                               | 05/06/2010                           |   | S                  | 1,183   | D     | \$ 20.33        | 29,830   | 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.

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

#### Edgar Filing: KOHNSTAMM ABBY F - Form 4

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.         | 5.         | 6. Date Exerc | cisable and | 7. Titl | e and    | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------|-------------|---------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | onNumber   | Expiration D  | ate         | Amou    | nt of    | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/   | Year)       | Under   | lying    | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e             |             | Securi  | ities    | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities |               |             | (Instr. | 3 and 4) |             | Owne   |
|             | Security    |                     |                    |            | Acquired   |               |             |         |          |             | Follo  |
|             | ·           |                     |                    |            | (A) or     |               |             |         |          |             | Repo   |
|             |             |                     |                    |            | Disposed   |               |             |         |          |             | Trans  |
|             |             |                     |                    |            | of (D)     |               |             |         |          |             | (Instr |
|             |             |                     |                    |            | (Instr. 3, |               |             |         |          |             | `      |
|             |             |                     |                    |            | 4, and 5)  |               |             |         |          |             |        |
|             |             |                     |                    |            |            |               |             |         |          |             |        |
|             |             |                     |                    |            |            |               |             |         | Amount   |             |        |
|             |             |                     |                    |            |            | Date          | Expiration  |         | or       |             |        |
|             |             |                     |                    |            |            | Exercisable   | Date        |         | Number   |             |        |
|             |             |                     |                    |            |            | Lacroisdoic   | Dute        |         | of       |             |        |
|             |             |                     |                    | Code V     | (A) (D)    |               |             |         | Shares   |             |        |

# **Reporting Owners**

MAYFIELD VILLAGE, OH 44143

Reporting Owner Name / Address

Director 10% Owner Officer Other

KOHNSTAMM ABBY F

6300 WILSON MILLS ROAD X

## **Signatures**

David M. Coffey, by Power of Attorney 05/10/2010

\*\*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.

Reporting Owners 2