Edgar Filing: RESTREPO ROBERT P JR - Form 4

Form 4 December									OMB AF	PPROVAL		
FORI	VI 4 _{UNITED}	STATES	SECU	RITIES	AND EXC	HAN	GE CO	MMISSION	OMB			
Check	this box		W	ashingto	n, D.C. 205	49			Number:	3235-0287		
if no lo	ngar	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP								January 31, 2005		
subject Sectior	. 10		UIIA		Estimated a							
Form 4		SECURITIES						burden hour response	0.5			
Form 5 obligations may continue. See Instruction 1(b). 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												
(Print or Type	e Responses)											
1. Name and Address of Reporting Person <u>*</u> RESTREPO ROBERT P JR				l	nd Ticker or T ancial CORI	C	Is	Relationship of Reporting Person(s) to suer				
(Last)	(First)	(Middle)			Transaction	[~]	(Check	all applicable)		
			(Month/Day/Year)					X Director 10% Owner				
518 E. BR	OAD STREET	below)					· · · · · · · · · · · · · · · · · · ·	ive title Other (specify below) man, President, CEO				
F				Filed(Month/Day/Year) Applie _X_F				pplicable Line) K_ Form filed by Oi	dividual or Joint/Group Filing(Check licable Line) Form filed by One Reporting Person Form filed by More than One Reporting			
COLUMB	BUS, OH 43215						Pe	erson		o		
(City)	(State)	(Zip)	Та	ble I - Non	-Derivative S	ecuriti	es Acquir	ed, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution E any (Month/Day	Date, if	3. Transactio Code (Instr. 8)	4. Securities onDisposed of ((Instr. 3, 4 ar	(D) nd 5) (A)	red (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common										Ву		
Shares without par value	12/09/2011			Ι	2,513.029 (1)	А	\$ 12.764	7,286.256	I	Non-qualified deferred compensation plan		
Common												
Shares without par value								1,087.643	Ι	By 401(k) plan		
Common Shares without								59,604.07	D			

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par value

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	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	Title	Number			
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address			Relationships			
	Director	10% Owner	Officer	Other		
RESTREPO ROBERT P JR 518 E. BROAD STREET COLUMBUS, OH 43215	Х		Chairman, President, CEO			
0:						

Signatures

/s/Robert P. Restrepo, Jr. by James A. Yano, attorney in fact pursuant to POA filed with Commission 5/7/07.

**Signature of Reporting Person

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).
- (1) Transaction represents intra-plan transfer with respect to the reporting person's participation in the issuer's non-qualified deferred compensation plan.

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.

12/13/2011

Date