State Auto Financial CORP Form 4 June 05, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

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5 Relationship of Reporting Person(s) to

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

Form 5 obligations may continue. See Instruction

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

2 Jasuar Nama and Tiakar or Trading

1(b).

par value

(Print or Type Responses)

1. Name and Address of Reporting Person *

STATE AUTOMOBILE MUTUAL INSURANCE CO		Symbol State Auto Financial CORP [STFC]					Issuer (Check all applicable)			
(Last) 518 E. BRO	Last) (First) (Middle) E. BROAD STREET			3. Date of Earliest Transaction (Month/Day/Year) 06/04/2014				Director Officer (give tit pelow)	_X_ 10%	Owner
COLUMB	(Street) US, OH 43215			endment, Donth/Day/Yes	Č	nal		 Individual or Join Applicable Line) X_ Form filed by On Form filed by Money 	e Reporting Per	son
(City)	(State)	(Zip)	Tal	ole I - Non-	Derivativ	e Secı	ırities Acqu	ired, Disposed of, o	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transaction Code (Instr. 8)		sed of	` ′	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	06/04/2014			P	4,301	A	\$ 21.0979	25,450,896.8	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.

SEC 1474

(9-02)

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	6. Date Exercisable an Expiration Date (Month/Day/Year)		7. Titl Amou Under Securi (Instr.	int of lying	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
					4, and 5)	Date	Expiration		Amount	
				Code V	(A) (D)	Exercisable	Date	Title	Number of Shares	

Reporting Owners

Reporting Owner Name / Address		Relationships					
1	Director	10% Owner	Officer	Other			
STATE AUTOMOBILE MUTUAL INSURANCE CO							
518 E. BROAD STREET		X					
COLUMBUS, OH 43215							

Signatures

State Automobile Mutual Insurance Company by James A. Yano,
Secretary 06/05/2014

**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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