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Stachura Pau Form 4/A March 05, 20 FORM	018	STATES					NGE (COMMISSION	•···- · ·	PPROVAL 3235-0287	
if no long subject to Section 10 Form 4 of Form 5 obligation may conti <i>See</i> Instru 1(b).	Washington, D.C. 20549Number:Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESExpires:January 31 200Statement of Section 16. Form 4 or Form 5 obligations may continue. See InstructionStatement of the Securities Exchange Act of 1934, 30(h) of the Investment Company Act of 1935 or SectionExpires:January 31 200Statement of Section 16. burden hours per responseStatement of the Securities Exchange Act of 1934, 30(h) of the Investment Company Act of 1935 or Section0.									irs per	
(Print or Type R	lesponses)										
1. Name and A Stachura Pau	2. Issuer Name and Ticker or Trading Symbol State Auto Financial CORP [STFC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First) (M		3. Date of Earliest Transaction								
				Month/Day/Year))3/01/2018				Director 10% Owner X Officer (give title Other (specify below) below) Senior Vice President			
Filed(M 03/02/				If Amendment, Date Original led(Month/Day/Year) 8/02/2018				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
Person											
(City)		(Zip)						uired, Disposed o		-	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	n Date, if	Code	on(A) or Dis (D) (Instr. 3, 4	sposed	l 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)		
Common Shares without Par Value	03/01/2018			А	2,335 (1)	A	\$ 0	11,081.976 (2)	D		
Common Shares without Par Value	03/01/2018			А	10,000 (<u>3</u>)	А	\$ 0	21,081.976	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)

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

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5.	6. Date Exer		7. Titl Amou		8. Price of Derivative	9. Nu Doriv
Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Tear)	(Month/Day/Year)	Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Under Secur	rlying	Security (Instr. 5)	Deriv Secun Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		1	Relationships	
I State and a state	Director	10% Owner	Officer	Other
Stachura Paul M 518 E. BROAD STREET COLUMBUS, OH 43215			Senior Vice President	
Signatures				

Signatures

/s/Paul L. Stachura, by Melissa A. Centers, attorney in fact pursuant to POA filed with 03/05/2018 Commission 11-16-15.

**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).
- Represents a Restricted Stock Grant of 2,335 shares issued on 3/1/18, which has a time-based vesting over a 3 year period, with 1/3 (1)vesting each year on December 31.
- Includes the following acquisitions: 649.310 shares acquired on 6/30/16, 530.841 shares acquired on 12/31/16, 519.831 shares acquired (2) on 6/30/17 and 429.978 shares acquired on 12/31/17 through the State Auto Financial Employee Stock Purchase Plan. Also includes 204.016 shares acquired as Restricted Dividend Reinvestment.
- Represents a Restricted Stock Grant of 10,000 shares issued on 3/1/18, which has a time-based vesting over a 4 year period, with 1/4 (3) vesting each year on December 31.

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.

Date