Edgar Filing: Robinson Andrew S - Form 4

Robinson An Form 4											
February 24, FORM	ГЛ	D STATES	SECUR	ITIES A	ND EX(СНА	NGE C	OMMISSION		PROVAL	
<i>.</i>				hington,					OMB Number:	3235-0287	
Check thi if no long subject to Section 14 Form 4 or Form 5 obligatior may conti <i>See</i> Instru	F CHANGES IN BENEFICIAL OWNERS SECURITIES Section 16(a) of the Securities Exchange Act Public Utility Holding Company Act of 1935 of the Investment Company Act of 1940					e Act of 1934, 1935 or Section	Expires: Estimated a burden hour response	•			
1(b). (Print or Type R	Responses)										
1. Name and Address of Reporting Person * 2 Robinson Andrew S Sy HA HA				2. Issuer Name and Ticker or Trading Symbol HANOVER INSURANCE GROUP, INC. [THG]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) ANOVER INS C., 440 LINC		3. Date of (Month/Da 02/23/20	•	ansaction			Director X Officer (give below) Executi		Owner er (specify ent	
	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
WORCEST	ER, MA 01653	3						Form filed by M Person			
(City)	(State)	(Zip)	Table	I - Non-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Execution any		3. Transactio Code (Instr. 8) Code V	4. Securi n(A) or Di (Instr. 3, Amount	spose	d of (D)	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 Stock	02/23/2012			F	436	D	\$ 40.89	26,798	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

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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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Robinson Andrew S C/O THE HANOVER INSURANCE GROUP, INC. 440 LINCOLN STREET WORCESTER, MA 01653			Executive Vice President				
Signatures							
Waler H. Stowell pursuant to Confirming Statement	02/24/2012						
<u>**</u> 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.