Edgar Filing: Haefner Larry A. - Form 4

Haefner Lar Form 4 March 19, 2 FORM Check th if no lon subject to Section 2 Form 4 Form 5 obligation may con <i>See</i> Instr 1(b).	019 A UNITE is box ger o STATE 16. or Filed p Section 1 uction	EMENT O ursuant to 7(a) of the	Was F CHAN Section 1	Shington, GES IN SECUR 6(a) of the tility Hole	D.C. 20 BENEF ITIES e Securit ling Con	549 ICIA ties E	LOW Exchange y Act of	COMMISSION NERSHIP OF e Act of 1934, 5 1935 or Section 0	OMB Number: Expires: Estimated a burden hou response	•	
(Print or Type)	Responses)										
Haefner Larry A. Symbol				er Name and Ticker or Trading FINANCIAL CORP [CNA]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					k an applicable)			
			onth/Day/Year) /15/2019				Director 10% Owner X Officer (give title Other (specify below) EVP & Chief Actuary				
				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
CHICAGO, IL 60606 Form filed by More Person						fore than One Re	porting				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	rities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	any	med on Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	ispose	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	03/15/2019			А	8,519 (1)	Α	\$ 0 <u>(2)</u>	55,168	D		
Common Stock	03/15/2019			F <u>(3)</u>	4,047	D	\$ 43.73	51,121	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.

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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 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. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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	Relationships							
	Director	10% Owner	Officer	Other				
Haefner Larry A. 151 N. FRANKLIN ST. CHICAGO, IL 60606			EVP & Chief Actuary					
Signatures								
Stathy Darcy by Power of Atto Haefner	03/19/2019							
**Signature of Reportin	g Person		Date					
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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).

The Issuer's Incentive Compensation Plan (as amended as of January 1, 2010 and April 27, 2016) provides for the issuance of the Issuer's common stock under the Performance Share Plan (PSP) awards based upon achievement of predetermined financial goals for the 2018

- (1) performance cycle. 8,519 PSP shares were achieved and will cliff vest on March 15, 2021. No performance share unit shall vest on such vesting date unless the Reporting Person has been continuously employed with the Issuer from the grant date until such vesting date except as otherwise specified in award terms and employment agreement, if any.
- (2) The Reporting Person received the Issuer's shares at no cost.
- (3) The Issuer's Incentive Compensation Plan (as amended as of January 1, 2010 and April 27, 2016) permits the withholding of shares of common stock to satisfy tax withholding obligations of the participants.

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.