

State Auto Financial CORP  
Form 3  
March 09, 2017

# FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

1. Name and Address of Reporting  
Person \*

Â Sinclair Suzanne Marie

(Last) (First) (Middle)

518 EAST BROAD STREET

(Street)

COLUMBUS,Â OHÂ 43215

(City) (State) (Zip)

2. Date of Event Requiring  
Statement

(Month/Day/Year)

03/03/2017

3. Issuer Name **and** Ticker or Trading Symbol  
State Auto Financial CORP [STFC]

4. Relationship of Reporting  
Person(s) to Issuer

(Check all applicable)

\_\_\_\_ Director \_\_\_\_ 10% Owner  
\_\_X\_\_ Officer \_\_\_\_ Other  
(give title below) (specify below)  
Senior Vice President

5. If Amendment, Date Original  
Filed(Month/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 Person

### Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security  
(Instr. 4)

2. Amount of Securities  
Beneficially Owned  
(Instr. 4)

3. Ownership  
Form:  
Direct (D)  
or Indirect  
(I)  
(Instr. 5)

4. Nature of Indirect Beneficial  
Ownership  
(Instr. 5)

Common Shares without par value

0

D Â

Reminder: Report on a separate line for each class of securities beneficially  
owned directly or indirectly.

SEC 1473 (7-02)

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

1. Title of Derivative Security  
(Instr. 4)

2. Date Exercisable and  
Expiration Date  
(Month/Day/Year)

Date Expiration  
Exercisable Date

3. Title and Amount of  
Securities Underlying  
Derivative Security  
(Instr. 4)

Title Amount or  
Number of

4. Conversion  
or Exercise  
Price of  
Derivative  
Security

5. Ownership  
Form of  
Derivative  
Security:  
Direct (D)  
or Indirect

6. Nature of Indirect  
Beneficial  
Ownership  
(Instr. 5)

# Edgar Filing: State Auto Financial CORP - Form 3

|                        |            |            |                 |        |               |                   |   |
|------------------------|------------|------------|-----------------|--------|---------------|-------------------|---|
|                        |            |            |                 | Shares |               | (I)<br>(Instr. 5) |   |
| Restricted Stock Units | 03/02/2018 | 03/02/2018 | Common<br>Stock | 4,000  | \$ <u>(1)</u> | D                 | Â |

## Reporting Owners

| Reporting Owner Name / Address                                        | Director | 10% Owner | Officer                 | Other |
|-----------------------------------------------------------------------|----------|-----------|-------------------------|-------|
| Sinclair Suzanne Marie<br>518 EAST BROAD STREET<br>COLUMBUS, OH 43215 | Â        | Â         | Â Senior Vice President | Â     |

## Signatures

/s/Suzanne M. Sinclair by Melissa A. Centers attorney in fact, per POA attached.

03/09/2017

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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) If employed on March 2, 2018, the reporting person will receive one common share of STFC for each Restricted Stock Unit.

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.