Edgar Filing: Allen Bryan David - Form 4

| Allen Bryan I Form 4 | David | | | | | | | | | | |
|---|---|---|---|--|-------------|-------|------------|--|--|---|--|
| February 25, 2 | | | | | | | | | OMB A | PPROVAL | |
| FORM | UNITED | STATES | | | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b). | Filed pur Section 17(| STATEMENT OF CHANGES IN 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 20(b) of the Investment Company Act of 1040 | | | | | | | burden hou response | Expires:January 31, 2005Estimated average burden hours per response0.5 | |
| (Print or Type Ro | esponses) | | | | | | | | | | |
| Allen Bryan David Sy H | | | 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) (M ANOVER INSU C., 440 LINCOL | | 3. Date of (Month/Da 02/23/20 | - | nsaction | | | Director X Officer (giv below) V | | 6 Owner er (specify | |
| | (Street) 4. If Amer Filed(Mont | | | | e Original | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| WORCESTE | ER, MA 01653 | | | | | | | | More than One Re | | |
| (City) | (State) | (Zip) | Table | I - Non-De | erivative S | ecuri | ties Ac | quired, Disposed o | of, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | | . Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year) | | 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price | | | | 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 Stock | 02/23/2009 | | | A <u>(1)</u> | 2,250 | А | <u>(1)</u> | 9,264 | 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)

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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. Transactio Code (Instr. 8) | TransactionDerivative Code Securities | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|--|---------------------|--|-----------------|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Common Stock (Right to Buy) | \$ 34.19 | 02/23/2009 | | А | 15,000 | (2) | 02/23/2019 | Common Stock | 15,000 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|-------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Allen Bryan David C/O THE HANOVER INSURANCE GROUP, INC. 440 LINCOLN STREET WORCESTER, MA 01653 | | | Vice President | | | |
| Signatures | | | | | | |
| Walter H. Stowell pursuant to Confirming Statement | 02/25/2 | 2009 | | | | |
| **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).
- (1) Grant of restricted stock units pursuant to Issuer's 2006 Long-Term Incentive Plan.
- (2) 50% vest on the 3rd anniversary of the date of grant and the remaining 50% vest on the 4th anniversary of the date of grant.

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.