HANOVER INSURANCE GROUP, INC.

Form 4 March 03, 2015

## FORM 4

#### **OMB APPROVAL**

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** 3235-0287 Number: January 31,

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Expires: 2005 Estimated average burden hours per

0.5

of

(Instr. 4)

response...

Form 5 obligations may continue. See Instruction

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

1(b).

Common

Common

Stock

Stock

02/27/2015

03/02/2015

(Print or Type Responses)

1. Name and A Welzenbach	Person *	2. Issuer Name <b>and</b> Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
		HANOV INC. [T		URANCE GROUP,	(Check all applicable)				
(Last)	(First) (	Middle)	3. Date of	Earliest T	ransaction	Director	10%		
		(Month/D	ay/Year)		_X_ Officer (give title Other (specify below)				
440 LINCO	316	02/27/2015			Senior Vice President				
		4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
		Filed(Mor	nth/Day/Year	r)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
WORCESTER, MA 01653						Person			
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative Securities Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Dat	e 2A. Dee	med	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature o	
Security	(Month/Day/Year)	Execution	on Date, if	Transaction	on(A) or Disposed of (D)	Securities	Form: Direct	Indirect	
(Instr. 3)		any		Code	(Instr. 3, 4 and 5)	Beneficially	(D) or	Beneficial	
		(Month/	Day/Year)	(Instr. 8)		Owned	Indirect (I)	Ownership	

Code V Amount

1,500

357

 $A^{(1)}$ 

 $F^{(2)}$ 

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)required to respond unless the form displays a currently valid OMB control number.

Following

Reported

25,496

25,139

Transaction(s) (Instr. 3 and 4)

(A)

(D)

A

Price

\$0

(Instr. 4)

D

D

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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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	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 Option (right to buy)	\$ 70.24	02/27/2015		A	14,400	<u>(3)</u>	02/27/2025	Common Stock	14,400

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Welzenbach Mark Joseph 440 LINCOLN STREET S-316

Senior Vice President

WORCESTER, MA 01653

## **Signatures**

/s/ Matthew R. Frascella pursuant to Confirming Statement

03/03/2015

\*\*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 under the Issuer's 2014 Long-Term Incentive Plan. Such units vest on the third anniversary of the date of grant.
- (2) Represents shares that were forfeited to pay withholding taxes upon the vesting of restricted stock units that were previously granted by the Issuer.
- (3) Such options vest as to one-third of the shares on each of the first three anniversaries of the grant date.

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.

Reporting Owners 2