

State Auto Financial CORP  
 Form 3  
 November 24, 2015

**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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â CENTERS MELISSA A		(Month/Day/Year)	State Auto Financial CORP [STFC]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
518 EAST BROAD STREET			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
COLUMBUS,Â OHÂ 43215			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
(City)	(State)	(Zip)	(give title below)	(specify below)
			Senior Vice President	6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> 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	689.156 <sup>(1)</sup>	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)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	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)
	Date Exercisable	Title	Amount or Number of		

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				Shares		(I) (Instr. 5)	
Employee Stock Option (Right to Buy) Non-qualified	05/03/2008	05/02/2017	Common Shares	1,464	\$ 29.53	D	Â
Employee Stock Option (Right to Buy) Non-qualified	03/06/2009	03/05/2018	Common Shares	1,114	\$ 25.81	D	Â
Employee Stock Option (Right to Buy) Non-qualified	03/05/2010	03/04/2019	Common Shares	1,095	\$ 14.49	D	Â
Employee Stock Option (Right to Buy) Non-qualified	03/04/2011	03/03/2020	Common Shares	1,679	\$ 18.78	D	Â
Employee Stock Option (Right to Buy) Non-qualified	03/03/2012	03/02/2021	Common Shares	1,586	\$ 17.03	D	Â
Employee Stock Option (Right to Buy) Non-qualified	03/06/2015	03/06/2024	Common Shares	785	\$ 21.23	D	Â
Employee Stock Option (Right to Buy) Non-qualified	03/05/2016	03/05/2025	Common Shares	716	\$ 22.72	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
CENTERS MELISSA A 518 EAST BROAD STREEET COLUMBUS, OH 43215	Â	Â	Â Senior Vice President	Â

## Signatures

Melissa A.  
Centers

11/24/2015

\*\*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) Includes the following restricted stock awards: an award of 186 shares issued on 3/6/2014 and 170 shares issued on 3/5/2015 which both have a 3-year cliff vest based on service only.

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.