

State Auto Financial CORP
 Form 4
 March 09, 2009

FORM 4

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

OMB APPROVAL

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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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
BLACKBURN MARK A

(Last) (First) (Middle)
 518 E. BROAD STREET
 (Street)

COLUMBUS, OH 43215

(City) (State) (Zip)

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

3. Date of Earliest Transaction
 (Month/Day/Year)
 12/15/2008

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 Executive Vice President

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
			Code	V	Amount	(D)	Price
Common Shares without par value	12/15/2008		A ⁽⁴⁾	5 ⁽⁴⁾	A	\$ 0	35,066.478 ⁽³⁾ D

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

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 (9-02)

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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. Transaction Code (Instr. 8)	5. Number of Derivative 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 Security (Instr. 3 and 4)	Amount or Number of Shares
Employee Stock Option (Right to Buy) NQ	\$ 14.49	03/05/2009		A	27,035	03/05/2010 ⁽¹⁾ 03/04/2019	Common shares	27,0

Reporting Owners

Reporting Owner Name / Address	Relationships
BLACKBURN MARK A 518 E. BROAD STREET COLUMBUS, OH 43215	Director 10% Owner Officer Executive Vice President

Signatures

Mark A. Blackburn by James A. Yano, attorney in fact pursuant to POA filed with commission 5/7/07. 03/09/2009

__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) The options vest in three equal annual installments beginning on March 5, 2010.
- (2) Field should be left blank, but due to a software defect, requires input.
Includes the following acquisitions: 2.129 shares acquired in June 2008, 1.733 shares acquired in September 2008 and 1.822 shares acquired in December 2008 through the STFC non-qualified plan; 40.192 shares acquired in June 2008 under the dividend reinvestment feature of the STFC Employee Stock purchase plan; 0.336 shares acquired in June 2008 under the dividend reinvestment feature of the STFC Pride in Ownership Plan; 128.600 shares acquired in September 2008 and 131.671 shares acquired in December 2008 under the STFC Dividend Reinvestment Plan; 398.138 shares acquired in November 2008 through the STFC Employee Stock Purchase Plan; 30.688 shares acquired in September 2008 and 38.775 shares acquired in December 2008 as dividend reinvestment.
- (4) Transaction reflects an annual stock bonus award made to the reporting person and to all full time employees of the Issuer.

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.