HANOVER INSURANCE GROUP, INC.

Form 4

January 05, 2017

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

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**OMB APPROVAL** 

response...

subject to Section 16. Form 4 or Form 5 obligations

Check this box

if no longer

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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Issuer

KNOX WENDELL J

Symbol

HANOVER INSURANCE GROUP, INC. [THG]

(Check all applicable)

(Last)

(First)

3. Date of Earliest Transaction

X\_ Director 10% Owner Officer (give title Other (specify

(Month/Day/Year)

C/O THE HANOVER INSURANCE 01/03/2017

(Middle)

(Zip)

GROUP, INC., 440 LINCOLN

STREET

(City)

Stock

(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

WORCESTER, MA 01653

(State)

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

1.Title of	2. Transaction Date	2A. Deemed	3.		4. Securities Acquired			5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction(A) or Disposed of				lof	Securities	Ownership	Indirect
(Instr. 3)		any	Code (D)			Beneficially	Form: Direct	Beneficial		
		(Month/Day/Year)	(Instr.	8)	(Instr. 3, 4	and 5	5)	Owned	(D) or	Ownership
			`					Following	Indirect (I)	(Instr. 4)
								Reported	(Instr. 4)	
						(A)		Transaction(s)	,	
					or		(Instr. 3 and 4)			
			Code	V	Amount	(D)	Price	,		
Common Stock	01/03/2017		J <u>(1)</u>	V	11,833	D	<u>(1)</u>	3,186	I	By Deferral Agreement
Common	01/03/2017		J <u>(1)</u>	V	11,833	A	<u>(1)</u>	26,476	D	

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.

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orNumber	Expiration Date		Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of	(Month/Day/Year) (Instr. 8) Deriv		Derivative	rivative			es	(Instr. 5)	Bene	
	Derivative				Securities			(Instr. 3 and 4)	and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								Δ	mount		
						Date Exercisable	Expiration Date	Title N	ı Iumber		
								01			
				Code V	(A) (D)				hares		

### **Reporting Owners**

Relationships Reporting Owner Name / Address

10% Owner Officer Other Director

KNOX WENDELL J C/O THE HANOVER INSURANCE GROUP, INC. 440 LINCOLN STREET WORCESTER, MA 01653



## **Signatures**

/s/ Matthew R. Frascella pursuant to Confirming Statement

01/05/2017

\*\*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).
- Change of ownership from indirect to direct pursuant to the terms of deferral agreements for stock previously awarded (but deferred) under the Issuer's 2006 Long-Term Incentive Plan and 2014 Long-Term Incentive Plan.

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.

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