## Edgar Filing: Robinson Andrew S - Form 4

Robinson And	drew S											
Form 4												
February 25, 2	2009											
<b>FORM</b>	Δ									PPROVAL		
		SECURITIES AND EXCHANGE CO Washington, D.C. 20549					OMB Number:	3235-0287				
Check this										January 31,		
if no longe subject to Section 16	SIAIEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: 2005 Estimated average burden hours per		
Form 4 or	Form 4 or									response 0.5		
Form 5 obligation: may contin <i>See</i> Instruct 1(b).	s Section 17(a	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 Ro	esponses)											
1. Name and Address of Reporting Person <u>*</u> Robinson Andrew S			2. Issuer Name <b>and</b> Ticker or Trading Symbol				-	5. Relationship of Reporting Person(s) to Issuer				
			HANOVER INSURANCE GROUP, INC. [THG]					(Check all applicable)				
(Last)	(First) (M	liddle)		3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify				
	ANOVER INSUF C., 440 LINCOLI		02/23/20	-				below) Senio	below) or Vice Presider	nt		
	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check						
Filed				iled(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
WORCESTE	ER, MA 01653							Person	viore than One Re	eporung		
(City)	(State) (	Zip)	Table	e I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. De (Month/Day/Year) Executi any (Month			3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				SecuritiesIBeneficially(OwnedI	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	02/23/2009			A <u>(1)</u>	2,750	A	<u>(1)</u>	10,035	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)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	•		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	25,000	(2)	02/23/2019	Common Stock	25,000

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
r e g e e e e e e e	Director	10% Owner	Officer	Other		
Robinson Andrew S C/O THE HANOVER INSURANCE GROUP, INC. 440 LINCOLN STREET WORCESTER, MA 01653			Senior Vice President			
Signatures						
Walter H. Stowell pursuant to Confirming Statement	02/25/20	09				
**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 grant date and the remaining 50% vest on the 4th anniversary 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.