HANOVER INSURANCE GROUP, INC.

Form 4

November 12, 2014

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FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box									Expires:	January 31,		
if no lon subject t Section Form 4	F CHAN		BENE RITIES		AL OWN	NERSHIP OF	Estimated a burden hou response					
Form 5 obligations may continue. See Instruction 1(b). 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)												
(11IIIt of Type	Responses)											
1. Name and Address of Reporting Person * 2. I MURRAY ROBERT J Sym				er Name an	d Ticker	or Trad		5. Relationship of Reporting Person(s) to Issuer				
	HANOVER INSURANCE GROUP, INC. [THG]					(Check all applicable)						
				of Earliest T Day/Year)	ransactio	n		X Director 10% Owner Officer (give title Other (specify below)				
	HANOVER INSU NC., 440 LINCOI		11/07/2	2014				below)	below)			
				endment, D onth/Day/Yea		nal		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
WORCEST	ΓER, MA 01653							Form filed by M Person				
(City)	(State)	(Zip)	Tab	le I - Non-	Derivativ	e Secu	rities Acqı	iired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8)	omr Dispo (Instr. 3	osed of , 4 and (A) or	5) Price	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 Indirect Beneficial Ownership (Instr. 4)		
Common	11/07/2014			S	2.300	D	\$ 68.9761	25.220	D			

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

2,300 D

11/07/2014

Stock

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.

SEC 1474

(9-02)

68.9761 25,220

(1)

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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 Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration Date				
						Exercisable			Number		
				C 1 W					of		
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

10% Owner Officer Other Director

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

X

Signatures

/s/ Matthew R. Frascella pursuant to Confirming Statement

11/12/2014

**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).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple prices ranging from \$68.97 to \$69.00, inclusive. The Reporting Person undertakes to provide The Hanover Insurance Group, Inc. ("THG"), any security holder of THG, or the **(1)** staff of the SEC, upon request, full information regarding the number of shares sold at each separate price within the range set forth

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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