## Edgar Filing: HANOVER INSURANCE GROUP, INC. - Form 4

HANOVER INSURANCE GROUP, INC. Form 4 November 26, 2014

November 2	0, 2014										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
		<b>UTATL</b> O		shington,					OMB Number:	3235-0287	
Check th if no long	ter	ίεντ οι			Expires:	January 31, 2005					
subject to Section 1 Form 4 o	6. r	STATEMENT OF CHANGES IN BENEFICIAL OWNE SECURITIES							Estimated a burden hour response	verage	
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns Section 17(	a) of the l	Public U		ling Com	pany	Act of	e Act of 1934, 1935 or Section 0	l		
(Print or Type I	Responses)										
EPPINGER FREDERICK H Symbol				r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	HANOVER INSURANCE GROUP, INC. [THG]										
(Last) (First) (Middle) 3. Date of (Month/D				-				X Director 10% Owner X Officer (give title Other (specify below) below)			
	OVER INSURAN IC., 440 LINCOL		11/25/2	014				· · · · · · · · · · · · · · · · · · ·	ident & CEO		
	(Street) 4. If Amer Filed(Mon				te Original			6. Individual or Joint/Group Filing(Check Applicable Line)			
WORCEST	ER, MA 01653							_X_ Form filed by O Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3.4. Securities AcquiredTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(111511: 4)		
Common Stock	11/25/2014			M <u>(1)</u>	30,000	А	\$ 46.28	245,813	D		
Common Stock	11/25/2014			F <u>(1)</u>	24,427	D	\$ 71.37	221,386 <u>(2)</u>	D		

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

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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. Transactio Code (Instr. 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (E	D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Stock Option (right to buy)	\$ 46.28	11/25/2014		M <u>(1)</u>	30,0	000	<u>(3)</u>	02/14/2016	Common Stock	30,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
EPPINGER FREDERICK H THE HANOVER INSURANCE GROUP, INC. 440 LINCOLN ST WORCESTER, MA 01653	X		President & CEO			
Signatures						
/s/ Matthew R. Frascella pursuant to Confirming Statement		11/26/2014	ļ			
**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).
- Mr. Eppinger "net exercised" 30,000 options. The options were granted to Mr. Eppinger in February 2006, and were scheduled to expire
  (1) in February 2016. A total of 24,427 shares were withheld by the Company to satisfy the exercise price and taxes associated with the exercise, resulting in a net issuance of 5,573 shares to, and held by, Mr. Eppinger.
- (2) Does not include 160,362 shares held indirectly in a Rabbi Trust pursuant to deferral agreements.
- (3) The option, representing the right to purchase a total of 100,000 shares, vested 25% on 2/14/07, 25% on 2/14/08, and the remaining 50% vested on 2/14/09.

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.