Edgar Filing: Desrochers Mark R - Form 4

Desrochers M	Iark R										
Form 4											
January 24, 2	012								<u></u>		
FORM	4	D статрс	SECUD	ITIES AN		'TT A P	NCE	COMMISSION	т	PPROVAL	
	UNITE	DSIAIES		hington, l			NGE	LUMINIISSIUN	OMB Number:	3235-0287	
Check this if no long subject to Section 16 Form 4 or	er STATI 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							burden hou	Expires: January 31, 2005 Estimated average burden hours per response 0.5	
Form 5 obligations may continue.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 19401(b).											
(Print or Type R	esponses)										
Desrochers Mark R S			2. Issuer Name and Ticker or Trading Symbol HANOVER INSURANCE GROUP, INC. [THG]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of (Month/Da	Earliest Transaction			Director 10% Owner X Officer (give title Other (specify				
	ANOVER INS C., 440 LINCO		01/20/20	-				below) Senio	below) or Vice Presider	nt	
				ndment, Date Original th/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
WORCEST	ER, MA 01653	3						Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Execution any		3. Transactio Code (Instr. 8)	4. Security onAcquired Disposed (Instr. 3,	l (A) o l of (D 4 and (A))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
C				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	01/20/2012			A <u>(1)</u>	2,250	А	\$0	12,098	D		
Common Stock	01/20/2012			A <u>(2)</u>	1,500	А	\$0	13,598	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.

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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)	5. Number of orDerivative 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 Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Stock Option (right to buy)	\$ 36.81	01/20/2012		A	10,000	<u>(3)</u>	01/20/2022	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Desrochers Mark R C/O THE HANOVER INSURANCE GROUP, INC. 440 LINCOLN STREET WORCESTER, MA 01653			Senior Vice President		
Signatures					

valter H. Stowell pursuant to Confirm	ning 01/24/2012
tatement	
**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 pursuant to the Issuer's 2006 Long-Term Incentive Plan. The restricted shares vest on the second anniversary of the grant date.
- (2) Grant of restricted stock units pursuant to the Issuer's 2006 Long-Term Incentive Plan. The units vest 50% on the third anniversary of the grant date and 50% on the fourth anniversary of the grant date.
- (3) Option vests 50% on the third anniversary of the grant date and 50% on the fourth 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.

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