HANOVER INSURANCE GROUP, INC.

Form 4 July 11, 2013

July 11, 201.	3									
Check th	is box	Washington, D.C. 20549								
subject to Section 1 Form 4 o Form 5 obligatio may cont See Instru 1(b).	6. Filed pursuant to Section 17(a) of the sinue.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Estimated average burden hours per response 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 I	Responses)									
1. Name and A Stuchbery R	Symbol	NOVER INSURANCE GROUP,				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (Middle)	3. Date of Earliest 7	rancaction			Director	10%	o Owner		
440 LINCO	(Month/Day/Year) 07/10/2013	Tansaction			Officer (give title Other (specify below) President and CEO, Chaucer					
WORCEST	(Street) ER, MA 01653	4. If Amendment, Σ Filed(Month/Day/Yes	_	ıl		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State) (Zip)	Table I - Non-	Derivative	Securiti	ies A <i>c</i> ai	uired, Disposed of	or Reneficial	lly Owned		
1.Title of Security (Month/Day/Year) (Instr. 3) 2. Transaction Date 2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securion(A) or D	ities Acquisposed (4 and 5) (A) or	uired of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	07/10/2013	A(1)	3	A \$ 5	50.75	255	I	By Trustee of The Chaucer Share Incentive Plan		
Common Stock	07/10/2013	$A^{(2)}$	6	A \$	§ 0	261	I (3)	By Trustee of The Chaucer Share		

Incentive Plan

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

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SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans

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	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	ction	Number	Expiration D	ate	Amou	ınt of	Derivative
Security	or Exercise		any	Code	O	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	3) I	Derivative	e		Secur	ities	(Instr. 5)
	Derivative				S	Securities			(Instr.	3 and 4)	
	Security				A	Acquired			Ì	Í	
	•					(A) or					
					,	Disposed					
						of (D)					
						Instr. 3,					
					,	1, and 5)					
						i, and 5)					
										Amount	
							Date Expiration Exercisable Date	Evaluation		or	
								•	Title	Number	
								Date		of	
				Code	V ((A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Stuchbery Robert A 440 LINCOLN STREET E-10

President and CEO, Chaucer

WORCESTER, MA 01653

Signatures

Walter H. Stowell pursuant to Confirming Statement

07/11/2013

**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) Purchase of shares pursuant to The Chaucer Share Incentive Plan.
- (2) Matching Shares pursuant to The Chaucer Share Incentive Plan; subject to vesting requirements.
- (3) Does not include 23,650 shares held directly by Reporting Person.

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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