HANOVER INSURANCE GROUP, INC.

Form 4

Common

Stock

02/09/2016

February 10, 2016

FORM	ΠΔ						OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					OMB Number:	3235-0287		
Check the if no long subject to	ger STATEMENT	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						January 31, 2005 stimated average	
Section 1 Form 4 c		SECU	SECURITIES					rs per 0.5	
Form 5 obligatio may con See Instr 1(b).	Section 17(a) of the	o Section 16(a) of t e Public Utility Ho h) of the Investmen	lding Co	mpany	y Act of	f 1935 or Section	response		
(Print or Type	Responses)								
Stuchbery Robert A Symbol			nd Ticker of			5. Relationship of Reporting Person(s) to Issuer			
		INC. [THG]	HANOVER INSURANCE GROUP, INC. [THG]				eck all applicable)		
(Last)	(First) (Middle)	(Month/Day/Year)X_ Officer (give							
440 LINCO	INCOLN STREET E 10 02/08/2016					· /	below) , Int'l Operations		
(Street) 4. If Amendment, Filed(Month/Day/Y WORCESTER, MA 01653			Year) Applicable Lin _X_ Form filed Form filed			Applicable Line) _X_ Form filed by O Form filed by M	y One Reporting Person y More than One Reporting		
(City)	(State) (Zip)	Table I - Non-	-Derivative	Secur	rities Aco	Person uired, Disposed of	f. or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	any	eemed 3. cion Date, if Transact Code	e, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) ear) (Instr. 8)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
		Code V	√ Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	02/08/2016	S	6,000	D	\$ 81.08	13,800	D		
Common Stock	02/09/2016	A(1)	3	A	\$ 81.31	592	I	By Trustee of The Chaucer Share Incentive	

A(2)

6

A \$0

598

Plan

of The

Chaucer Share

By Trustee

I

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

Incentive Plan

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.

SEC 1474

(9-02)

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. Titl	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)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date Expira Exercisable Date	Expiration		Number		
							Date	Title	of		
				Code V	(A) (D)				Shares		

Reporting Owners

	Kelationships
Reporting Owner Name / Address	-

Director 10% Owner Officer Other

Stuchbery Robert A 440 LINCOLN STREET E-10

President, Int'l Operations

WORCESTER, MA 01653

Signatures

/s/ Matthew R. Frascella pursuant to Confirming
Statement

02/10/2016

**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 under The Chaucer Share Incentive Plan; subject to vesting requirements.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Reporting Owners 2

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

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.