### Edgar Filing: PROGRESSIVE CORP/OH/ - Form 4

	SIVE CORP/OH/	,										
Form 4 January 05,	, 2015											
FORM	M 4		GEGU			TANG		MAGGION	OMB APP	PROVAL		
	UNITED	SIAIES			S AND EXCI on, D.C. 2054		FE CON	MMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <b>STATEMEN</b>			Section Public V	<b>SECU</b> 16(a) of Utility H	U <b>RITIES</b> the Securitie olding Comp	ct of 1934,	Expires: January 3 200 Estimated average burden hours per response 0					
<i>See</i> Inst 1(b).	truction	30(h)	of the I	Investme	ent Company	Act of	: 1940					
(Print or Type	e Responses)											
	Address of Reporting Isan Patricia	g Person <u>*</u>	Symbol		and Ticker or Tr	c	Iss	Relationship of F uer	eporting Perso	n(s) to		
(Last) (First) (Middle)					E CORP/OH	l/ [PG.	KJ	(Check all applicable)				
6300 WILSON MILLS RD.			V I / V I / 2 V I					Director 10% Owner XOfficer (give title Other (specify below) Claims Group President				
	(Street)			nendment, lonth/Day/Y	Date Original Tear)		Ap	Individual or Joir plicable Line) _ Form filed by Or _ Form filed by Mo	e Reporting Pers	on		
	LD VILLAGE, OF						Per	son	ie than one kept	Julig		
(City)	(State)	(Zip)	Ta	ble I - No	n-Derivative Se	curities	s Acquire	ed, Disposed of,	or Beneficially	Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	nsaction Date 2A. Deemed th/Day/Year) Execution Date, if any (Month/Day/Year)				D)	d (A) or Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common	01/01/2015			Code $V$ $M^{(1)}$	24,895.349		\$ 0	214,701.841	D			
Common	01/01/2015			F <u>(2)</u>	8,135	D	\$ 27.01	206,566.841	D			
Common								12,123.418	Ι	401(k) Plan		
Common								15,116.656	I	Husband's 401(k) Plan		
Common								86,103.39	Ι	Husband's Trust (3)		

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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.

# 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. Transactic Code (Instr. 8)	1		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 Number Shares
Restricted Stock Unit	<u>(4)</u>	01/01/2015		M <u>(1)</u>		24,895.349	(5)	(6)	Common	24,895

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Griffith Susan Patricia 6300 WILSON MILLS RD. MAYFIELD VILLAGE, OH 44143			Claims Group	President				
Signatures								
/s/ David M. Coffey, By Power of Attorney	01/05/2015							
<u>**</u> Signature of Reporting Person		Date						
Explanation of Responses:								

## **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) Represents Common Shares issued upon the vesting of restricted stock unit awards. This Form 4 reports the disposition of such restricted stock units in exchange for an equal number of Common Shares.
- (2) Delivery of shares to pay taxes upon vesting of restricted stock units.
- (3) Held in a trust for the benefit of reporting person's spouse.
- (4) Each Restricted Stock Unit represents a contingent right to receive one Common Share of the Company's stock.
- (5) Units vested January 1, 2015.
- (6) Expiration Date is the same as the Date Exercisable.

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.