GALLITANO DAVID J

Form 4 May 18, 2011

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

January 31, 2005

0.5

Estimated average burden hours per

response...

subject to Section 16. Form 4 or

Check this box

if no longer

Form 5 obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

GALLITANO DAVID J			Symbol HANOVER INSURANCE GROUP, INC. [THG]					Issuer				
	(Check all applicable)											
(Last)	(First)	(Middle)	3. Date of (Month/D	Earliest Transaction ay/Year)				_X_ Director Officer (gi	0% Owner ther (specify			
THE HANC GROUP, IN STREET	05/16/2011					below)	below)					
	(Street)		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
Fil				nth/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person				
WORCEST	ER, MA 01653							Form filed by More than One Reporting Person				
(City)	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution (Instr. 3) any		med on Date, if Day/Year)	3. Transactio Code (Instr. 8)	onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
					Amount	or (D) Price		Transaction(s) (Instr. 3 and 4)				
Common Stock	05/16/2011			A	184	A	<u>(1)</u>	10,698	I	Deferral Agreement		
Common Stock	05/17/2011			A	2,653	A	(1)	13,351 (3)	I	Deferral Agreement		

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

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SEC 1474 (9-02)

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Date		Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security			Acquired							Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A 4		
									Amount		
						Date	Expiration Date	of			
						Exercisable					
				~							
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

GALLITANO DAVID J THE HANOVER INSURANCE GROUP, INC. 440 LINCOLN STREET WORCESTER, MA 01653

X

Signatures

Walter H. Stowell pursuant to Confirming Statement

05/18/2011

**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) Shares granted pursuant to Issuer's 2006 Long-Term Incentive Plan; receipt deferred at the election of Reporting Person.
- (2) Shares held indirectly in a Rabbi Trust pursuant to Deferral Agreement.
- (3) Does not include 5,012 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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