Edgar Filing: EPPINGER FREDERICK H - Form 4

	FREDERICK H	H									
Form 4											
May 15, 201									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT OF CHANGES I SECU Filed pursuant to Section 16(a) of Section 17(a) of the Public Utility H					ES IN BENEFICIAL OWNERSHIP OF ECURITIES) of the Securities Exchange Act of 1934, y Holding Company Act of 1935 or Section tment Company Act of 1940				January 31, Expires: 2005 Estimated average burden hours per response 0.5		
(Print or Type	Responses)										
EPPINGER FREDERICK H Symbol				er Name and Ticker or Trading VER INSURANCE GROUP, [HG]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	^(First) OVER INSURA NC., 440 LINCO		3. Date of (Month/E 05/14/2	-	ansaction			X Director X Officer (give below) Pres		Owner r (specify	
			nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
WORCEST	TER, MA 01653							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative S	Securi	ties Acqu	iired, Disposed of	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	05/14/2013			Code V $M^{(1)}$	Amount 69,700	(D) A	Price \$ 23.58	206,152	D		
Common Stock	05/14/2013			F <u>(1)</u>	49,901	D	\$ 51.04	156,251	D (2)		

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

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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)	TransactionDerivative Code Securities		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)	\$ 23.58	05/14/2013		M <u>(1)</u>	69,700	<u>(3)</u>	08/28/2013	Common Stock	69,700	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
EPPINGER FREDERICK H THE HANOVER INSURANCE GROUP, INC. 440 LINCOLN ST WORCESTER, MA 01653	Х		President & CEO			
Signatures						
Walter H. Stowell pursuant to Confirming Statement	05/	/15/2013				
**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).

Mr. Eppinger "net exercised" 69,700 options. The options were granted to Mr. Eppinger in 2003 when he joined the Company, and were
 (1) scheduled to expire in August 2013. A total of 49,901 shares were withheld by the Company to satisfy the exercise price and taxes associated with the exercise, resulting in a net issuance of 19,799 shares to, and held by, Mr. Eppinger.

(2) Does not include 160,362 shares held indirectly in a Rabbi Trust pursuant to deferral agreements.

(3) 25% of the options vested on 8/28/04, 25% of the options vested on 8/28/05 and the remaining 50% of the options vested on 8/28/06.

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.