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Sauerland Jo Form 4	hn P											
June 18, 201	8											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont	suant to Se	ection 16	SECUR (a) of the	ITIES e Securiti	NERSHIP OF e Act of 1934, f 1935 or Section	Expires: January 31 Expires: 2005 Estimated average burden hours per response 0.5						
See Instru 1(b).		30(h) o	f the Inv	vestment	Company	y Act	of 194	40				
(Print or Type F	Responses)											
1. Name and A Sauerland Jo	S	Symbol	Name and			-	5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (N	liddle) 3	3. Date of Earliest Transaction				(Check	(Check all applicable)				
(N				ay/Year))18				Director 10% Owner X Officer (give title Other (specify below) below) VP and Chief Financial Officer				
		4. If Amendment, Date Original Filed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
MAYFIELD	D VILLAGE, OH	44143						Person	ore than One Re	porting		
(City)	(State) (Zip)	Table	e I - Non-D	erivative S	lecuri	ties Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Dee (Month/Day/Year) Execution any (Month/		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)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D)	Price \$	(Instr. 3 and 4)				
Common	06/14/2018			S <u>(1)</u>	12,000	D	62.4 (2)	364,423.489	D			
Common								11,457.924	I	401(k) Plan		
Common								1,200	Ι	By Child		

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

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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. 3. Transaction Date Conversion (Month/Day/Year) or Exercise Price of Derivative Security		3A. Deem Execution any (Month/D	n Date, if	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners												
Reporti	ing Owner Name / Address				R	elationship	IS					
-			Director	10% Owne	er Office	r		(Other			
	SON MILL	.S ROAD GE, OH 44143	VP and Chief Financial Officer									
Signa	tures											
/s/ Laurie Attorney	F. Humphro	ey, By Power of		06/	/18/2018							

<u>**</u>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) The transactions reported on this Form 4 were made pursuant to a 10b5-1 trading plan adopted by the reporting person as of April 18, 2018.

The price reported in Column 4 is the weighted average price. These shares were sold in multiple transactions at prices ranging from \$62.20 to \$62.81, inclusive. The reporting person undertakes to provide to The Progressive Corporation, any security holder of The

(2) soc.20 to soc.31, inclusive. The reporting person undertakes to provide to the Progressive Corporation, any security notice of the Progressive Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

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.