Edgar Filing: TRAVELERS COMPANIES, INC. - Form 4/A

TRAVELERS COMPANIES, INC. Form 4/A November 08, 2010

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
Washington, D.C. 20549								OMB Number:	3235-0287		
Check the if no long	his box ^{1ger} STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Expires:	January 31, 2005		
subject to Section 1 Form 4 o	6. r	SECURITIES					Estimated a burden hour response				
obligation may cont	Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,See InstructionSection 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
(Print or Type F	Responses)										
RUSSELL DOUGLAS K Symbol				VELERS COMPANIES, INC.				5. Relationship of Reporting Person(s) to Issuer			
								(Check all applicable)			
	(First) ELERS COMI ASHINGTON		3. Date of (Month/D 01/25/20	-	ansaction			Director X Officer (give below) SVF		Owner er (specify	
	Filed(Mon 01/27/20				endment, Date Original nth/Day/Year) 010			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
ST. PAUL,								Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)			d of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
G				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	01/25/2010			F	884 <u>(1)</u>	D	\$ 48.53	23,661 <u>(2)</u>	D		

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. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	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		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
RUSSELL DOUGLAS K THE TRAVELERS COMPANIES, INC. 385 WASHINGTON STREET ST. PAUL, MN 55102			SVP & Controller				
Signatures							
/s/Wendy C. Skjerven, by power of attorney	1	1/08/2010					
**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).
- Represents shares withheld for payment of taxes due upon vesting of restricted stock, which was originally granted on January 25, 2005, (1) and reported on Form 4 at the time of the grant.
- This Amendment amends the direct holdings totals reported in Column 5 of Table I to reflect shares of The Travelers Companies, Inc.
- (2) common stock acquired from October 1, 2009 to January 4, 2010 pursuant to an automatic dividend reinvestment plan provided by a broker under terms similar to the Issuer's Dividend Reinvestment Plan.

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.