FINNEGAN NEAL F Form 4 May 18, 2011

Check this box

if no longer

subject to

Section 16.

Form 4 or

FORM 4

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

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * FINNEGAN NEAL F

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

below)

Symbol

HANOVER INSURANCE GROUP,

(Check all applicable)

INC. [THG]

(First) (Middle)

3. Date of Earliest Transaction

X_ Director 10% Owner Officer (give title Other (specify

(Month/Day/Year) 05/16/2011

THE HANOVER INSURANCE GROUP, INC., 440 LINCOLN

(Street)

STREET

(City)

(Last)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

WORCESTER, MA 01653

(State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of TransactionAcquired (A) or Indirect Security (Month/Day/Year) Execution Date, if Securities Form: Direct (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership (Instr. 4) Following (Instr. 4) Reported (A)

Transaction(s) (Instr. 3 and 4) Code V Price Amount (D)

Common 05/16/2011 Α 228 Α (1) 15,401 D Stock

Common 05/17/2011 D A 2,653 Α (1) 18,054 Stock

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 | e of 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exerc | cisable and | 7. Title a | and 8 | 3. Price of | 9. Nu |
|----------|----------------|---------------------|--------------------|-------------------|--------------------------------------|---------------|-----------------------------|------------|----------------|-------------|--------|
| Deriva | tive Conversio | on (Month/Day/Year) | Execution Date, if | TransactionNumber | | Expiration D | ate | Amount | of I | Derivative | Deriv |
| Securit | ty or Exercis | e | any | Code | of | (Month/Day/ | Year) | Underlyi | ing S | Security | Secui |
| (Instr. | 3) Price of | | (Month/Day/Year) | (Instr. 8) | Derivative Securities Acquired | | Securities (Instr. 3 and 4) | | (Instr. 5) | Bene | |
| | Derivative | e | | | | | | | | Own | |
| | Security | | | | | | | | | Follo | |
| | Ť | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | Λ. | mount | | |
| | | | | | | | | | | | |
| | | | | Date | | Date | eate Expiration | | or e Number | | |
| | | | | | | Exercisable | Date | of | | | |
| | | | | Code V | (A) (D) | | | | nares | | |
| | | | | Code v | (A) (D) | | | 31. | iaics | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

FINNEGAN NEAL F THE HANOVER INSURANCE GROUP, INC. 440 LINCOLN STREET WORCESTER, MA 01653



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.

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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