CODY WILLIAM M

Form 4 May 03, 2019

FORM 4

OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 4 or 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

1(b).

Common

Common

Common

05/01/2019

05/01/2019

(Print or Type Responses)

1. Name and CODY WI		2. Issuer Name and Ticker or Trading Symbol PROGRESSIVE CORP/OH/ [PGR]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last)	(First)	Middle)	3. Date of	e of Earliest Transaction			(спеск				
6300 WILSON MILLS ROAD			(Month/Day/Year) 05/01/2019			Director 10% Owner Other (specify below) Chief Investment Officer					
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
MAYFIEL		Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Own									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securities Acquired (A por Disposed of (D) (Instr. 3, 4 and 5)	S E C F	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		

Code V

M

F

(A)

or

(D)

D

Price

 $\$ 0 \frac{(1)}{2}$

Amount

3,504.824

1,625

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.

SEC 1474

(9-02)

Transaction(s)

(Instr. 3 and 4)

88,924.658

87,299.658

5.931

(Instr. 4)

D

D

Ι

401(k)

Plan

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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. Transaction Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	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 of Number of Shares
Restricted Stock Unit	<u>(2)</u>	05/01/2019		M	3,504.824	(3)	<u>(4)</u>	Common	3,504.82

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

CODY WILLIAM M 6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143

Chief Investment Officer

Signatures

/s/ Laurie F. Humphrey, By Power of Attorney

05/03/2019

**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 Common Shares issued upon the vesting of restricted stock unit awards as a result of the reporting person having satisfied the
- (1) eligibility requirements for a qualified retirement as defined in the applicable plan or award agreement. This Form 4 reports the disposition of such restricted stock units in exchange for an equal number of Common Shares.
- (2) Each Restricted Stock Unit represents a contingent right to receive one Common Share of the Company's stock.
- (3) Units vested as of May 1, 2019.
- (4) Expiration Date is the same as the Date Exercisable.

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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