### Edgar Filing: BASCH JEFFREY W - Form 4

| BASCH JE  | FFREY W                                  |             |  |  |  |           |                                  |  |  |   |  |
|---|--|-------------|--|--|--|-----------|----------------------------------|--|--|---|--|
| Form 4  | 1 1                                      |             |  |  |  |           |                                  |  |  |   |  |
| June 22, 20   | ЛЛ                                       |             |  |  |  |           |                                  |  | OMB AP   | PROVAL  |  |
|   | UNITED                                   | STATES      |  | RITIES A<br>shington                   |  |           | ANGE CO                          | OMMISSION  | OMB<br>Number:   | 3235-0287   |  |
| Check the   |  |             | U                                      |  |  |           | Expires:                         | January 31,  |  |   |  |
| if no lor<br>subject<br>Section<br>Form 4<br>Form 5                 |  | SECU        | RITIES                                 |  |  | ERSHIP OF | Estimated a burden hour response | •  |  |   |  |
| obligation<br>may cor<br><i>See</i> Inst<br>1(b).                   | ons Section 17(                          | a) of the I | Public U                               |  | ding Cor                                   | npan      | y Act of                         | Act of 1934,<br>1935 or Section<br>)   |  |   |  |
| (Print or Type  | Responses)                               |             |  |  |  |           |                                  |  |  |   |  |
| 1. Name and Address of Reporting Person <u>*</u><br>BASCH JEFFREY W |  |             | 21 Ibbuer Fluine und Fleiter of Fluing |  |  |           |                                  | 5. Relationship of Reporting Person(s) to Issuer   |  |   |  |
| (Leat)  | (Einst)                                  |             |  |  |  | ן אונ     |                                  | (Check   | all applicable   | )   |  |
| (Last) (First) (Middle)<br>6300 WILSON MILLS ROAD                   |  |             |  |  |  |           |                                  | Director 10% Owner<br>_X Officer (give title Other (specify<br>below) below)<br>Vice Pres.& Chief / Accounting Officer                           |  |   |  |
| (Street)  |  |             | Filed(Month/Day/Year)                  |  |  |           |                                  | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting |  |   |  |
| MAYFIEL   | D VILLAGE, OH                            | 44143       |  |  |  |           | 1                                | Person   |  |   |  |
| (City)  | (State)                                  | (Zip)       | Tab                                    | le I - Non-l                           | Derivative                                 | Secu      | rities Acqu                      | ired, Disposed of,   | or Beneficiall   | y Owned   |  |
| 1.Title of<br>Security<br>(Instr. 3)                                | Security (Month/Day/Year) Execution Date |             | Date, if                               | 3.<br>Transactio<br>Code<br>(Instr. 8) | 4. Securiti<br>por Dispose<br>(Instr. 3, 4 | ed of (   |                                  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                               | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |  |             |  | Code V                                 | Amount                                     | (D)       | Price<br>\$                      | (11150. 5 and 4)   |  |   |  |
| Common  | 06/21/2011                               |             |  | М                                      | 11,332                                     | А         | ф<br>11.2843                     | 86,012   | D  |   |  |
| Common  | 06/21/2011                               |             |  | S                                      | 11,332                                     | D         | \$ 20.83<br>(1)                  | <sup>1</sup> 74,680  | D  |   |  |
| Common  |  |             |  |  |  |           |                                  | 2,950.789  | Ι  | 401(k)<br>Plan  |  |

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

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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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) |     |               | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |                                     |
|---|---|---|---|--|-----|---------------|--|--------------------|---|-------------------------------------|
|   |   |   |   | Code V                                 | (A) | (D)           | Date<br>Exercisable  | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of Shares |
| 2002<br>Employee<br>Option                          | \$ 11.2843<br>(2)   | 06/21/2011                              |   | М                                      |     | 11,332<br>(2) | (3)  | 12/31/2011         | Common  | 11,332                              |

## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |            |                   |                    |  |  |  |
|---|---------------|------------|-------------------|--------------------|--|--|--|
|   | Director      | 10% Owner  | Officer           | Other              |  |  |  |
| BASCH JEFFREY W<br>6300 WILSON MILLS ROAD<br>MAYFIELD VILLAGE, OH 44143 |               |            | Vice Pres.& Chief | Accounting Officer |  |  |  |
| Signatures  |               |            |                   |                    |  |  |  |
| David M. Coffey, by Power of Attorney                                   |               | 06/22/2011 |                   |                    |  |  |  |
| <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).

The price reported in Column 4 is the weighted average price. These shares were sold in multiple transactions at prices ranging from \$20.830 to \$20.840, inclusive. The reporting person undertakes to provide to The Progressive Corporation, any security holder of The

<sup>(1)</sup> <sup>(1)</sup>

This option previously was reported as an option covering 10,786 shares at an exercise price of \$11.8556 per share, and it has been adjusted by the Board of Directors pursuant to the terms of The Progressive Corporation 1995 Incentive Plan, as approved by

- (2) adjusted by the board of Directors parsuant to the terms of the frogressive corporation 1995 incentive train, as approved by shareholders, in connection with the \$1.00 per Common Share extraordinary dividend paid on December 29, 2010 to shareholders of record on December 20, 2010.
- (3) The option vests in three equal annual installments beginning January 1, 2005.

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.