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CNA FINAN	VCIAL CORP											
Form 4												
March 21, 20	016											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	OMB APPROVAL		
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box if no longer subject to STATEMENT OF CHAN									Expires:	January 31,		
				GES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 verage		
Section 1	Section 16. SECURITIES						burden hours per					
Form 4 o Form 5				$(\cdot) = f \cdot h$. C	. F	1	A - 4 - 6 1024	response	0.5		
obligation	no *						•	e Act of 1934, 1935 or Section				
may cont	inue.			vestment	•	- ·			L			
<i>See</i> Instru 1(b).	uction	20(11)			compun	, 1100		0				
(Print or Type F	Responses)											
MOTAMED THOMAS F Sym			Symbol	-				5. Relationship of Reporting Person(s) to Issuer				
			CNA F	INANCIA	L CORP	' [CN	AJ	(Check	all applicable)		
(Last)	(First) (M			f Earliest Tr	ansaction							
			(Month/Day/Year) 03/18/2016					_X_ Director 10% Owner _X_ Officer (give title Other (specify				
555 5 . WH			03/16/2	010				below)	below) man and CEO			
	(Street)		4. If Ame	endment, Da	te Original			6. Individual or Joi	int/Group Filin	g(Check		
Filed(M			Filed(Mor	nth/Day/Year)			Applicable Line)				
CUICACO	П 60604							_X_ Form filed by O Form filed by M				
CHICAGO,	IL 00004							Person				
(City)	(State)	(Zip)	Tabl	le I - Non-D	erivative S	Securi	ties Acqu	uired, Disposed of,	or Beneficial	y Owned		
1.Title of	2. Transaction Date		1					5. Amount of	6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution any	cution Date, if Transaction(A) or Disposed (Code (Instr. 3, 4 and 5)				Securities Beneficially	Ownership Form: Direct	Indirect Beneficial			
(IIIsu. 5)		(Month/Da	ay/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				Owned		Ownership		
								Following	Indirect (I)	(Instr. 4)		
						(A)		Reported Transaction(s)	(Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	00/10/0017						\$		D			
Stock	03/18/2016			F <u>(1)</u>	13,820	D	32.08	726,958	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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title Amoun Underly Securiti (Instr. 3	t of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title M	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Add	lress	Relationships							
	Director	10% Owner	Officer	Other					
MOTAMED THOMAS F 333 S. WABASH AVE. CHICAGO, IL 60604	Х		Chairman and CEO						
Signatures									
Thomas F. Motamed	03/21/2016								
<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 Company's Incentive Compensation Plan (as amended as of January 1, 2010) permits the withholding of shares of common stock to(1) satisfy tax withholding obligations of the participants upon the lapse of restrictions on those shares. As previously reported, these shares were granted to Mr. Motamed on March 18, 2015.

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.