Edgar Filing: HEALY BERNADINE - Form 4

HEALY BERN	ADINE									
Form 4 April 22, 2008										
FORM 4	1									PPROVAL
Check this bo	UNITEDS	FATES		ITIES AI			NGE (COMMISSION	OMB Number:	3235-0287
if no longer subject to Section 16. Form 4 or								NFRSHIP OF	Expires:	January 31, 2005
								Estimated average burden hours per response 0.5		
Form 5 obligations may continue <i>See</i> Instruction 1(b).	Section 17(a)	of the I	Public Uti		ing Com	pany	Act o	ge Act of 1934, of 1935 or Sectio 40		
(Print or Type Resp	oonses)									
1. Name and Addree HEALY BERN		erson <u>*</u>	Symbol	Name and '				5. Relationship of Issuer	Reporting Per	rson(s) to
				ESSIVE (H/ [P	'GR]	(Cheo	k all applicabl	e)
(Last) 6300 WILSON		ddle))	3. Date of (Month/Da 04/18/20	-	insaction			X_ Director Officer (give below)		% Owner er (specify
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MAYFIELD V	ILLAGE, OH 4	4143						Form filed by M Person	Nore than One R	eporting
(City)	(State) (Z	Cip)	Table	I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned
	Transaction Date Month/Day/Year)	Executio any	med n Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, -	(A) o of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common 04	4/18/2008			$\begin{array}{cc} \text{Code} & V \\ A\underline{(1)} \\ \end{array}$	Amount 9,203	(D) A	Price \$ 0		D	
Reminder: Report of	on a senarate line f	or each cl	ass of secur	ities benefic	cially own	d dire	ectly or	indirectly		
Kenninder, Keport				nies benefik	Person informa require	s wh ation d to i s a c	o resp conta respor	nunceuy. oond to the collect ined in this form nd unless the for ily valid OMB cor	are not m	SEC 1474 (9-02)
	Table			rities Acqu warrants,				eneficially Owned curities)		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	Mumber	Expiration Date	Amount of	Derivative	Deriv

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Security (Instr. 3)	or Exercise Price of Derivative Security	any (Month/Day/Year)	Code (Instr. 8)	Securitie Acquired (A) or Disposed of (D) (Instr. 3,	Derivative Securities Acquired (A) or Disposed of (D)		Secur	rtying rities . 3 and 4)	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
			Code V	V (A) (D)) Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
HEALY BERNADINE 6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143	Х			
Signatures				
David M. Coffey, by Power of Attorney		04/22/2008		
**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) Restricted stock grant made pursuant to The Progressive Corporation 2003 Directors Equity 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.