## Edgar Filing: Unum Group - Form 4

Unum Group

Form 4 May 22, 2014	ŀ									
EODM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL		
-	UNITEDS		RITIES A shington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this if no longe subject to Section 16 Form 4 or	s box er STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 5. SECURITIES							Expires:January 31, 2005Estimated average burden hours per response0.5		
Form 5 obligations may continue. See Instruction 1(b). 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								n		
(Print or Type R	esponses)									
1. Name and Address of Reporting Person *2. IssuerCaulfield E MichaelSymbol			er Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	Group [UNM]									
1 FOUNTAIN SQUARE (Month/Da 05/20/20 (Street) 4. If Amer			Date of Earliest Transaction Ionth/Day/Year) 5/20/2014				X_ Director Officer (give title10% Owner Other (specify below)Other (specify			
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CHATTANO	DOGA, TN 37402	2					Form filed by M Person	More than One Ro	eporting	
(City)	(State) (	Zip) Tal	ole I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if		Code	TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)			SecuritiesFBeneficially(OwnedI	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/20/2014		Code V A	Amount 4,257 (1)	or (D) A	Price \$ 0	(Instr. 3 and 4) 44,275 $(2)$ $(3)$	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	<ul> <li>5. 6. Date Exercisable and tionNumber Expiration Date of (Month/Day/Year)</li> <li>) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)</li> </ul>		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu: Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
I B	Director	10% Owner	Officer	Other			
Caulfield E Michael 1 FOUNTAIN SQUARE CHATTANOOGA, TN 37402	Х						
Signatures							
/s/ Jullienne, J. Paul,							

Attorney-in-Fact <u>\*\*</u>Signature of Reporting Person 05/22/2014 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) All are restricted stock units ("RSUs") vesting on May 20, 2015.
- (2) Includes 13,413 deferred share rights ("DSRs"), 21,724 RSUs, and 9,138 shares of common stock. Fractional amounts have been rounded to the nearest whole number. All DSRs and RSUs may be settled, on a 1-for-1 basis, only in shares of common stock.
- Beneficial ownership amount accounts for the delivery of shares of common stock upon the settlement of 6,083.45 RSUs, and the exempt
   (3) acquisitions of an aggregate of 239.836 DSRs, 311.167 RSUs, and 160.935 shares of common stock pursuant to the reinvestment of dividends, since the date of the reporting person's prior Form 4.

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.