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CNA FINAN	ICIAL CORP											
Form 4												
February 08,	2012											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL				
	UNITED	STATES S		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHAN				IGES IN BENEFICIAL OWNE					Expires:	January 31,		
								NERSHIP OF		mated average		
Section 1	tion 16.				SECURITIES				burden hour	rs per		
Form 4 or Form 5	-			$(\cdot) = f \cdot i \cdot$. C	F .		A . 4 . 6 1024	response	0.5		
obligation	no -						-	e Act of 1934,				
may cont	inue. Section 17(a			vestment	•	- ·		1935 or Section	1			
See Instru 1(b).	uction	50(11) 01		vestment	Compan	y Aci	. 01 174	0				
(Print or Type F	Responses)											
MOTAMED THOMAS F Symbol				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
		C	CNA FI	NANCIA	L CORP	[CN	AJ	(Check	c all applicable)		
(Last)	(First) (M			f Earliest Tr	ansaction							
333 S. WABASH AVE. (Month/E 02/06/2				th/Day/Year)				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Chairman and CEO				
			J2/06/2012									
			. If Ame	endment, Date Original			6. Individual or Joint/Group Filing(Check					
			Month/Day/Year)				Applicable Line)					
CHICAGO,	IL 60604							_X_ Form filed by O Form filed by M Person				
(City)	(State)	(Zip)		T N D					D (11)			
(0.15)	(01110)	(.P)	Tabl	e I - Non-D	erivative S	securi	ties Acqu	uired, Disposed of,	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date		-					5. Amount of	6. Overanshin	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution D any	Jale, II	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Ownership Form: Direct	Indirect Beneficial		
		(Month/Day	y/Year)	(Instr. 8)			,	Owned	(D) or Owner	Ownership		
								Following Reported	Indirect (I)	(Instr. 4)		
						(A)		Transaction(s)	(Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common							\$					
Stock	02/06/2012			F <u>(1)</u>	17,256	D	28.94	459,408	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)	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title Amoun Underl Securit (Instr.	nt of lying	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	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addr	ess	Relationships							
1 8 8 8 8 8 8 8 8 8 8 8	Director	10% Owner	Officer	Other					
MOTAMED THOMAS F 333 S. WABASH AVE. CHICAGO, IL 60604	Х		Chairman and CEO						
Signatures									
Thomas F. Motamed	02/07/2012								
<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 and restated as of January 1, 2010) permits the withholding of shares of(1) common stock to 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 February 4, 2009.

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.