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Form 4 March 19, 2											
FORM									OMB AF	PROVAL	
	UNITE	D STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant t				SECUR	Expires: January 31 2005 Estimated average burden hours per response 0.5						
obligatic may con <i>See</i> Instr 1(b).	tinue. Section 1	7(a) of the	Public U		ding Con	ipany	Act of	1935 or Section	1		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Brosnan David John			2. Issuer Name and Ticker or Trading Symbol CNA FINANCIAL CORP [CNA]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Chec					k all applicable)			
20 FENCHURCH STREET (Month/I 03/15/2 (Street) 4. If Amo Filed(Mo			(Month/Day/Year) 03/15/2019					Director 10% Owner X Officer (give title Other (specify below) President, International 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
			nendment, Date Original Ionth/Day/Year)								
LONDON,	X0 EC3M 3BY	,						Person		porting	
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative S	Securi	ities Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	Transaction Date 2A. Deemed Ionth/Day/Year) 2A. Deemed Execution Da any (Month/Day/Y			Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				5. Amount of Securities6.BeneficiallyForm: DirectOwned(D) orFollowingIndirect (I)Reported(Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(1150. 4)		
Common Stock	03/15/2019			A	12,598 (1)	A	\$ 0 <u>(2)</u>	54,701	D		
Common Stock	03/15/2019			F <u>(3)</u>	7,930	D	\$ 43.73	46,771	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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							
	Director	10% Owner	Officer	Other				
Brosnan David John 20 FENCHURCH STREET LONDON, X0 EC3M 3BY			President, International					
Signatures								
Stathy Darcy by Power of Atto Brosnan	rney for I	David J.	03/19/2019					
<u>**</u> Signature of Reportin	ig 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 Issuer's Incentive Compensation Plan (as amended as of January 1, 2010 and April 27, 2016) provides for the issuance of the Issuer's common stock under the Performance Share Plan (PSP) awards based upon achievement of predetermined financial goals for the 2018 performance cycle. 12,598 PSP shares were achieved and will cliff vest on March 15, 2021. No performance share unit shall vest on such vesting date unless the Reporting Person has been continuously employed with the Issuer from the grant date until such vesting date except as otherwise specified in award terms and employment agreement, if any.

- (2) The Reporting Person received the Issuer's shares at no cost.
- (3) The Issuer's Incentive Compensation Plan (as amended as of January 1, 2010 and April 27, 2016) permits the withholding of shares of common stock to satisfy tax withholding obligations of the participants.

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.

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