#### TRAVELERS COMPANIES, INC.

Form 4

Stock

September 21, 2016

FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION						OMB APPROVAL				
Washington, D.C. 20549							OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont See Instruction 1(b).	STATEMENT  6. r Filed pursuant to Section 17(a) of the inue.	SEC o Section 16(a)	CUR of the Hold	TIES  Securition  Securition  Securition	es Ex pany	chang	ge Act of 1934, f 1935 or Sectio	Expires: Estimated a burden hou response	rs per	
(Print or Type F	Responses)									
1. Name and A FISHMAN	Symbol	TRAVELERS COMPANIES, INC.					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) THE TRAV INC., 385 W	(Month/Day/Ye 05/11/2016	3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner Officer (give titleX Other (specify below) Former Exec. Chair. of the Bd.				
ST. PAUL,		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State) (Zip)	Table I - N	Non-Do	erivative S	ecurit	ies Acc	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	any	tion Date, if Tran Cod th/Day/Year) (Inst	Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)  (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common	05/11/2016		le V	Amount	(D)	Price	392,074.16	D		
Stock	05/11/2016	G	V	30,000	D	\$ 0	<u>(1)</u>	D		
Common Stock	07/26/2016	G	V	15,000	D	\$0	377,074.16 (2)	D		
Common Stock							1,420.408 (3)	I	401(k) Plan	
Common							24,288	I	In trusts for	

for

children (4)

24,288

I

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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.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	<ol> <li>Title of</li> </ol>	2.	3. Transaction Date	3A. Deemed	4.	5.	<ol><li>Date Exerc</li></ol>	cisable and	7. Title	e and	8. Price of	9
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Execution Date, if Transaction		Expiration Da	Expiration Date		nt of	Derivative	J
	Security	or Exercise		any	Code of		(Month/Day/	Under	lying	Security	,	
	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Securities	(Instr. 5)	]	
		Derivative				Securities			(Instr.	3 and 4)		(
		Security		Acquired							J	
						(A) or						J
						Disposed						7
						of (D)						(
					(Instr. 3,							
						4, and 5)						
										Amount		
										or		
							Date Exercisable	Expiration Date	Title Number			
										of		
					Code V	(A) (D)				Shares		
					Code v	(A) $(D)$				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

FISHMAN JAY S THE TRAVELERS COMPANIES, INC. 385 WASHINGTON STREET ST. PAUL, MN 55102

Former Exec. Chair, of the Bd.

### **Signatures**

/s/Wendy C. Skjerven, by power of attorney

09/21/2016

\*\*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) Reflects the reporting person's total holdings of company common stock as of May 11, 2016.
- (2) Reflects the reporting person's total holdings of company common stock as of July 26, 2016.
- (3) Reflects the reporting person's 401(k) Plan holdings of company common stock as of July 26, 2016.
- (4) The Reporting Person disclaims beneficial ownership of these shares.

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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