

# CNO FINANCIAL GROUP, INC. Reported by SHANNON MICHAEL S

# FORM 4

(Statement of Changes in Beneficial Ownership)

# Filed 05/23/08 for the Period Ending 05/21/08

Address 11825 N PENNSYLVANIA ST

CARMEL, IN 46032

Telephone 3178176100

CIK 0001224608

Symbol CNO

SIC Code 6321 - Accident and Health Insurance

Industry Insurance (Life)

Sector Financial

Fiscal Year 12/31





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

# UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Expires: January 31, 2008 Estimated average burden hours per response... 0.5

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP **OF SECURITIES**

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(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				<b>1</b> *	2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SHANNON I	MICHA	EL S	5		CON	ISECO	INC [	(	CNO]						11	,		
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							D/YY	X Director Officer (give title below)			10% Owner Other (specify		
100 FILMO 600	RE STR	EET	, SUITE	Ē			5/21	1/2	2008					below)				
				4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)						
DENVER, CO 80206 (City) (State) (Zip)													X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tal	ole I - Noi	n-Der	ivativ	e Securi	ties Acq	ιui	red, Di	spo	se	ed o	of, or I	Beneficiall	y Owned			
			2. T Dat	Γrans. te	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Secur Acquired Disposed (Instr. 3,	d (A) d of ( 4 an	(A) or Following (Instr. 3)			ount of Securities Beneficially Owned ing Reported Transaction(s) 3 and 4)		Form:	7. Nature of Indirect Beneficial Ownership		
						arry	Code	v	Amount	(A) or (D)		rice					(I) (Instr. 4)	(111341. 4)
Common Stock 5/2				5/2	21/2008		A		6250	A		(1)		6250			D	
Common Stock													105216			I	By family trust	
Та	ble II - De	rivat	ive Secur	ities E	Benefi	cially O	wned ( e	.g.	. , puts	, ca	lls	s, w	arran	ts, options	, convert	ible secur	rities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Trans. Date	3A. Deemed Execution	4. Trans. Code (Instr. 8	5. Number of Derivative Securities (a) Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date			7. See	7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)			ing Derivat Security	1	derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V	(A)	(D)	Date Exercisable E		Expiration Date	Title Amount or Shares			Number of	Transacti (s) (Instr.		1 '		

### **Explanation of Responses:**

(1) Stock award under the Conseco, Inc. 2003 Amended and Restated Long-Term Incentive Plan.

**Reporting Owners** 

Paparting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
SHANNON MICHAEL S 100 FILMORE STREET SUITE 600 DENVER, CO 80206	X								

### **Signatures**

Karl W. Kindig, Attorney-in-Fact

5/22/2008

<sup>\*\*</sup> Signature of Reporting Person

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. 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.