

[] 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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person * | | | | 2. I | 2. Issuer Name and Ticker or Trading Symbol | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|--|---|-------------------|-------------------------------------|-------------|--|---|---|----------------------------------|---------------|---|---|---|------------------|--|------------------------|---|--|--|
| Maurer Dan | | | | | Cl | O | Finan | cial Gro | up, | Inc. | [CNC |)] | | | | | | |
| (Last) | (First) |) (M | liddle) | | 3. I | Date | of Earli | est Transa | ction | ı (MM/ | DD/YYYY |) | | X Director Officer (giv | e title below | | 0% Owner ther (specify | below) |
| C/O CNO F | INANCIA | AL GRO | OUP, | | | | | 5/1 | 7/2 0 | 17 | | | | | | | | |
| INC., 11825 | NORTH | PENNS | SYLV | ANIA | | | | | | | | | | | | | | |
| STREET | | | | | | | | | | | | | | | | | | |
| | (Stre | et) | | | 4. I | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| CARMEL, IN 46032 (City) (State) (Zip) | | | | | | | | | | X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | |
| | | | Table 1 | I - Non- | Der | ivati | ive Secu | ırities Ac | quire | ed, Di | sposed o | f, or | Ber | neficially Owne | d | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Trans. l | Date | Exec | | 3. Trans. Co (Instr. 8) | de | or Disp | osed of (D 3, 4 and 5) | | F | 5. Amount of Securiti Following Reported T Instr. 3 and 4) | | | Form: | 7. Nature of Indirect Beneficial |
| | | | | | | | | Code | V | Amou | (A) or (D) | Pri | ice | | | | | Ownership (Instr. 4) |
| Common Stock | | | | 5/17/201 | 17 | | | A | | 6570 | A | (| 1) | 2 | 1194 | | D | |
| | Tabl | le II - Der | ivative | Securit | ies I | Bene | ficially | Owned (| e.g. , | puts, | calls, w | arrai | nts, | options, conve | rtible sec | urities) | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative | 3. Trans. Date | 3A. Deer Execution Date, if a | n (Ins | rans. tr. 8) | Code | 5. Number Derivative Acquired Disposed (Instr. 3, 4 | e Securities (A) or of (D) | | | | Secui | rities vative | Underlying e Security | Derivative Security | derivative Securities Beneficially Owned | Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Security | | | C | ode | V | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Am Sha | nount or Number of ares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | |

Explanation of Responses:

(1) Award of immediately vesting restricted stock units under the CNO Financial Group, Inc. Amended and Restated Long-Term Incentive Plan.

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Maurer Dan C/O CNO FINANCIAL GROUP, INC. 11825 NORTH PENNSYLVANIA STREET CARMEL, IN 46032 | X | | | | | | |

Signatures

| Signatures | | | |
|----------------------------------|-----------|--|--|
| Karl W. Kindig, Attorney-in-Fact | 5/18/2017 | | |
| ** Signature of Reporting Person | Date | | |

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.