## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL							
OMB Number: 3235-0								
Estimated average burden								
hours per response:	0.5							

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

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*  Debbink Dirk J						2. Issuer Name and Ticker or Trading Symbol CINCINNATI FINANCIAL CORP [ CINF ]										onship of Reporting all applicable) Director		ng Pe	erson(s) to Is	
(Last) (First) (Middle) 6200 SOUTH GILMORE RD				3. Date of Earliest Transaction (Month/Day/Year) 08/11/2017												Officer (give title below)		Other (specify below)		
(Street) FAIRFIE (City)			15014-514 Zip)	41	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individ ne) X	-/				
		Tabl	e I - Nor	ı-Deriv	ative	Sec	curitie	s Acc	uired,	Dis	posed o	f, or	Bene	eficia	ally C	)wne	ed			
1. Title of Security (Instr. 3)  2. Trans Date (Month/I					Ex Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) I Of (D) (Instr. 3, 4			and Secu Bene		ed Following		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount	(A) or (D)		Price	.   1	Transaction(s) (Instr. 3 and 4)				(		
Common Stock				08/11/2017				P		126.58	32 A		\$7	'9	9 26,433.24			D		
	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. 3. Transaction Date (Month/Day/Year) if any (Month/Day/Ye		Date, Transaction Code (Instr			n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)							10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisa		Expiration Date	Title	or Num of Sha	nber							

**Explanation of Responses:** 

/s/ Dirk J Debbink

08/15/2017

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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 Number.