FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-028							
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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* <u>SCHIFF JOHN J JR</u>					2. Issuer Name and Ticker or Trading Symbol CINCINNATI FINANCIAL CORP [ CINF ]								(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) 6200 SO	Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 10/17/2007									X Officer (give title below) Other (special below)  Chairman & CEO					
(Street) FAIRFIE	treet) AIRFIELD OH 45014-5141			4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     Y     Form filed by One Reporting Person     Form filed by More than One Reporting					
(City)	(S		(Zip)												Perso				
			le I - No			_			<del>-</del>	Dis		-			lly Owner			1	
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			) or 4 and	5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount (A) or (D) Price		rice	Transaction(s)				(Instr. 4)	
Common	Common Stock 1:			11/21/	/2007			A		10	10 A		\$ <mark>0</mark>	4,034,685		5 D			
Common Stock 11/21			11/21/	/2007	2007			A		73		A	\$ <mark>0</mark>	1,614 <sup>(1)</sup>		I		By 401K	
Common Stock			10/17/2007		,	10/17/2007		G		49,76	49,768		\$0	3,152,035(2)		I		By Charitable Lead Annuity Trust	
Common	Common Stock													114,249 <sup>(3)</sup>		I		By Schiff Agency	
Common Stock														107,186 <sup>(3)</sup>		I		By Schiff Agency Pension Plan	
Common	mmon Stock													563,633				By Spouse	
		Т							uired, E s, option						Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date Execution (Month/Day/Year)  34. Deem Execution if any (Month/Day)			ed 4. Transacti Code (Ins		ection	5. Number of		6. Date Exercise Expiration Date (Month/Day/Yea		able and	7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	or	nber					
Phantom Stock	\$0	11/21/2007			A		535		(4)		(4)	Commo Stock	<sup>n</sup> 5	35	\$0	11,933	(4)	D	

- 1. Shares were acquired through fixed contributions and dividend reinvestment in the 401K plan.
- 2. Shares are gifted quarterly from the Charitable Lead Annuity Trust.
- 3. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.
- 4. Shares were acquired through fixed contributions and dividend reinvestment in the Top Hat plan.

JohnJSchiff, Jr. 11/26/2007

Date

\*\* 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 Number.