FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

	tion 1(b).	ide. See		Filed							ies Exchang npany Act o					nours	per re	esponse:	0.5
Name and Address of Reporting Person* Hoffer Theresa A					2. Issuer Name and Ticker or Trading Symbol CINCINNATI FINANCIAL CORP [CINF								(Check	all app Direc	licable) tor	Ü	erson(s) to Is 10% Ov Other (s	wner	
(Last) (First) (Middle) 6200 SOUTH GILMORE ROAD					3. Date of Earliest Transaction (Month/Day/Year) 11/17/2023									X	Sr V	below) below) Sr Vice President - Subsidiary			y
(Street) FAIRFIELD OH 45014				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	,						
(City)	(St	ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execui ay/Year) if any		Deemed ution Date, / th/Day/Year)				es Acquired (A Of (D) (Instr. 3,		4 and Secui Benet Owne		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Pri	се	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 11/17					2023		A		10	A	\$	0.00	00 40,301		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date,) if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amour or Number of Shares	mber							

Explanation of Responses:

Remarks:

/s/ Theresa A. Hoffer

11/20/2023

** Signature of Reporting Person

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

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.

^{*} 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).