FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL
I	OMB Number:	3235-0287
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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

	Name and Address of Reporting Person* CORRESTER CRAIG W					2. Issuer Name and Ticker or Trading Symbol CINCINNATI FINANCIAL CORP [CINF]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 6200 SOUTH GILMORE RD							of Earlies 2005	t Trar	nsaction (Mo	nth/C	ay/Year)	SR.	Officer (give title below) SR. VICE PRESIDENT - / INFROMAITON TECHNOLOGY							
(Street)			4. If	Ame	endment,	Date	of Original F	iled	(Month/D		6. Individual or Joint/Group Filing (Check Applicable									
FAIRFIELD OH 45014-5141																Line) X Form filed by One Reporting Person				
(City) (State) (Zip)															Form f Persor		More than One Reporting		orting	
		Tab	le I - Nor	n-Deriv	ative	Se	curitie	s A	cquired, [Disp	osed o	of, or B	ene	ficiall	y Owned	ŀ				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Dis Code (Instr. 5)					5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or	Price	Transac (Instr. 3	Transaction(s) (Instr. 3 and 4)				
Common	Stock					_									24,489		D			
	Stock 4011	X .				_			\perp						-	378	D			
Common			4							_		_	107		I	CHILD				
Common	Stock		Foble "	Do:	4i C	<u> </u>		Λ	in a d		000 - 1	0.7.5	200	nie U-		592		I	SPOUSE	
									quired, Di s, options						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactio Code (Insti		n of		6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and A of Securities Underlying Derivative So (Instr. 3 and		curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate Ti	Title	or Nu of	mber ares						
Employee Stock Option (right to buy)	\$40.75								01/19/2005	01	/19/2014	Commo Stock	5,	,250		5,250)	D		
Employee Stock Option (right to buy)	\$43.71	01/25/2005	01/25/2	005	A		5,000		(1)	01	./25/2015	Commo Stock	5	,000	\$0	5,000)	D		
Phantom Stock	\$0								08/08/1988	08	3/08/1988	Commo	1 7	746		746		D		
Stock Option	\$21.39								04/05/1998	04	1/05/2007	Commo	3	,150		3,150)	D		
Stock Option	\$28.3								01/25/2001	01	/25/2010	Commo	10	,500		10,500	0	D		
Stock Option	\$32.14				\dashv				01/27/2000	01	/27/2009	Commo	4	,200		4,200)	D		
Stock Option	\$32.26								08/24/1999	08	3/24/2008	Commo	3	,150		3,150)	D	1	
Stock Option	\$34.08				\dashv				02/01/2004	02	2/01/2013	Commo	5	,250		5,250)	D		
Stock Option	\$34.46			\dashv			+		01/31/2002	01	/31/2011	Commo	4	,200		4,200)	D		
Stock Option	\$36.71			\neg	\dashv		+		01/28/2003	01	/28/2012	Commo	5	,250		5,250)	D		
Stock	\$40.82				\dashv		1		02/07/1999	02	2/07/2008	Commo	3	.150		3,150)	D		

Explanation of Responses:

^{1.} The option is exercisable in three equal annual installments beginning on the first anniversary of the date of grant.

** 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 Number.