FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| ton, D.C. 20549 | OMB AF |
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| Washington, D.C. 20549 | OMB APPROVAL | | |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0 | |

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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* Steele John F Jr | | | | | 2. Issuer Name and Ticker or Trading Symbol CINCINNATI FINANCIAL CORP [CINF | | | | | | | | | 5. Relationship of Report (Check all applicable) X Director | | | ng Per | son(s) to Is | | |
|---|---|--|---|-----------------------|--|---|--|--|--|---------|--------------------|--|--------------------------------------|--|---|--|---|--|--|--|
| (Last) | (Fir | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/25/2024 | | | | | | | | | | Office below | er (give title | | Other (s below) | specify | |
| —————————————————————————————————————— | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) FAIRFIELD OH 45014-5141 | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | | |
| | LD OI | | | | | | | | | | | | | | | orm filed by More than One Reporting erson | | | | |
| (City) (State) (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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | n that is inter | nded to | | | | | | | | | | |
| | | Table | I - Noi | n-Deriva | tive S | ecu | rities | Acq | uired, | Dis | osed of | , or B | enefic | ially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaci Date (Month/Date) | | | | Exe ny/Year) if an | | A. Deemed xecution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed (5) | | | | l and Securi Benefi Owned | | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Prio | e:e | | ed ction(s) 3 and 4) | | | (Instr. 4) | | |
| Common | Stock | | | 01/25/2 | 2024 | | | | A | | 889(1) | A | \$(| 0.00 | 29 | 29,423 D | | | | |
| Common | Stock | | | | | | | | | | | | | By Director NQ Plan | | | | | | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Da (Month/Day/Yo | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Der Sec (Ins | rivative (curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Codo | v | (A) | (D) | Date Exercise | , his | Expiration Date | Titlo | or Number of | | | | | | | |

Explanation of Responses:

- 1. Shares acquired by grant under the Cincinnati Financial Corporation Director's Stock Plan of 2018
- 2. The reporting person is enrolled in quarterly dividend reinvestment. The beneficially owned shares have been adjusted to reflect shares purchased through the reinvestment plan.

Remarks:

/s/ John F Steele, Jr 01/26/2024

** 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.