FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| 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* JOHNSTON STEVEN J | | | | | 2. Issuer Name and Ticker or Trading Symbol CINCINNATI FINANCIAL CORP [CINF] | | | | | | | |] | (Chec | ck all application | ationship of Reporting Pers k all applicable) Director | | | vner |
| (Last) 6200 SO | ast) (First) (Middle) 200 SOUTH GILMORE RD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2008 | | | | | | | | X | Officer (give title below) Chief Financia | | | Other (s below) Officer | респу |
| (Street) FAIRFIE (City) | | H state) | 45014-5141 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Ind Line) X | • | | | | |
| | | Ta | ble I - Non-De | erivati | ive S | ecuriti | es A | /can | ired. C | Disp | osed of | or Be | nefic | ially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | ransacti | ion | 2A. Deemed Execution Date, if any (Month/Day/Year | | ite, | 3. Transaction Code (Instr. | | 4. Securities Acquired (An Disposed Of (D) (Instr. 3, | | ed (A) | or | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Pr | ice | | | | | |
| | | | Table II - Der (e.g | | | | | | | | sed of, onvertib | | | | owned | | | , | |
| 1. Title of Derivative Conversion or Exercise Price of Derivative Security (Instr. 3) S. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | | Code | saction (Instr. | of Deriva Securi Acquii (A) or Dispos of (D) (Instr. | of Ex Derivative Securities Acquired (A) or Disposed | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | | nd of es ng re Seci and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | · v | (A) | (D) | Date Exerc | cisable | Exp | oiration e | Title | or | ount nber ıres | | | | | |
| Employee Stock Option (right to buy) | \$25.08 | 07/01/2008 | 07/01/2008 | A | | 8,000 | | 07/01 | 1/2009 ⁽¹⁾ | 07/0 | 01/2018 ⁽¹⁾ | Common Stock | 8,0 | 000 | \$0 | 8,000 | 0 | D | |
| Restricted Stock | | | | | | | | | | | | Common | | 380 | | | | | |

Explanation of Responses:

- 1. The option vests in three equal annual installments beginning on the first anniversary of the date of grant.
- 2. The restricted stock units vest March 1, 2011, as set forth in the grant agreement, if performance goals are met.

StevenJJohnston 07/03/2008

** 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.