SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

1. Name and Address of Reporting Ferson			2. Issuer Name and Ticker or Trading Symbol <u>CINCINNATI FINANCIAL CORP</u> [CINF]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>SCHIFF JOHN J JR</u>				X	Director	10% Owner			
(Last) (First) (Middle) 6200 SOUTH GILMORE RD			3. Date of Earliest Transaction (Month/Day/Year) 08/13/2008		Officer (give title below) Chairm	Other (specify below) an			
(Street) FAIRFIELD	ОН	45014-5141	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line) X	vidual or Joint/Group Fili Form filed by One Re Form filed by More th	eporting Person			
(City)	(State)	(Zip)	_		Person	an One Reporting			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					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) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)		
Common Stock	08/13/2008	08/13/2008	Р		30,000 ⁽¹⁾	A	\$27.57 ⁽²⁾	4,053,522	D			
Common Stock								1,662 ⁽³⁾	Ι	By 401K		
Common Stock								3,033,147 ⁽⁴⁾	I	By Charitable Lead Annuity Trust		
Common Stock								114,249 ⁽⁵⁾	Ι	By Schiff Agency		
Common Stock								107,186 ⁽⁵⁾	I	By Schiff Agency Pension Plan		
Common Stock								563,633	Ι	By Spouse		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transa Code (8)		of		6. Date Exerc Expiration Da (Month/Day/)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Upon request, full information regarding the number of shares purchased at each separate price is available.

2. The prices for the aggregate purchase listed above range from \$27.40 to \$27.65 per share.

3. Shares were acquired through fixed contributions and dividend reinvestment in the 401K plan.

4. Shares are gifted quarterly from the Charitable Lead Annuity Trust.

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5. 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.

<u>JohnJSchiff, Jr.</u>

** Signature of Reporting Person

<u>08/15/2008</u> 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.