FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL

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* SCHIFF THOMAS R						2. Issuer Name and Ticker or Trading Symbol CINCINNATI FINANCIAL CORP [ CINF ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SCHIFF THOMAS R						COM										Direc	ctor		10% C	Owner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/30/2008										Offic belov	er (give title w)		Other below	(specify )		
6200 SOUTH GILMORE RD					01/	01/30/2000															
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)																X Form filed by One Reporting Person					
FAIRFIE	AFIELD OH 45014-5141															Form filed by More than One Reporting Person					
(City)	(St	ate) (	Zip)																		
		Tab	e I - No	n-Deriv	ative	S	ecuritie	s Acc	quired,	Dis	posed o	of, c	or Ber	nefi	cially	y Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					r)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			l and Securit Benefic Owned		ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)		е	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock				01/18	01/18/2008		01/18/2008		G	V	1,220		D	!	\$ <mark>0</mark>	2,066,498			D		
Common Stock				01/30	01/30/2008		01/30/2008		A		1,535(1	l)	A	<u>                                     </u>	\$ <mark>0</mark>	2,00	2,068,033		D		
Common Stock				01/15/2008			01/15/2008		G	V	59,342	2	D	:	₿0	3,092,693 <sup>(2)</sup>			I	By Charitable Lead Annuity Trust	
Common	Stock														1 114 744(3)					By Schiff Agency	
Common Stock																107,186 <sup>(3)</sup>			I	By Schiff Agency Pension Plan	
	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. Deen Executio if any (Month/D	n Date,	4. Transact Code (In 8)		ion of		6. Date E Expiratio (Month/E	n Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)		f g e Instr.	ıt		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Tit	of	umbe hares							

## **Explanation of Responses:**

- 1. Shares acquired by grant under Non-Employee Director Stock Plan.
- 2. Shares are gifted quarterly from the Charitable Lead Annuity Trust.
- 3. 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.

**ThomasRSchiff** 

02/01/2008

\*\* 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.