FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPR	OMB APPROVAL									
	OMB Number:	3235-0287									
Estimated average burden											
l	hours ner 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

Name and Address of Reporting Person* Love Lisa Anne					2. Issuer Name and Ticker or Trading Symbol CINCINNATI FINANCIAL CORP [CINF]										ck all applic Director	able)	g Person(s) to Issuer 10% Owne Other (spe		ner		
(Last) (First) (Middle) 6200 SOUTH GILMORE RD						3. Date of Earliest Transaction (Month/Day/Year) 05/17/2013										below)	Officer (give title below) Sr VP, Gen. Counse		below)		
(Street) FAIRFIE (City)		H tate)	45014 (Zip)		4.	If Ame	endme	ent, Date	e of C	of Original Filed (Month/Day/Year)						dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person					
	`		ble I - Noi	n-Der	ivativ	/e Se	curi	ties A	cqu	uired,	Dis	oosed of	, or Be	nefi	cially	Owned					
D		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr.		4. Securities Acquired (A)			or 4 and 5)	Beneficia Owned F	s lly ollowing	Form:	: Direct r Indirect	7. Nature of Indirect Beneficial Ownership			
								,			v	Amount	(A) or (D)	P	rice	Reported Transacti (Instr. 3 a	on(s)		[(Instr. 4)	
Common	Stock			05/:	05/17/2013					M		5,513	A	1	\$38.8	11,566			D		
Common	Stock			05/	17/20	13				F		4,310	D	\$	49.63	3 7,282			D		
Common Stock															2,264			I 1	Зу Mother's Гrust		
			Table II -									osed of, o				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisab Expiration Date (Month/Day/Year)			le and	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (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 Exe	e rcisable	E) Da	xpiration ate	Title	or Nu of	ımber						
Employee Stock Option (Right to Buy)	\$38.8	05/17/2013			М			5,513	01/1	9/2005 ⁽¹	01	/19/2014 ⁽¹⁾	Commor Stock	5	,513	\$0	0		D		
Phantom Stock	\$0			T						(2)		(2)	Common	2	,640		2,640)	D		

Explanation of Responses:

- 1. The option vests in three annual installments beginning on the first anniversary of the date of grant.
- 2. The reported phantom stock shares were acquired under the company's Top Hat Savings Plan, an "Excess Benefits Plan" within the meaning of Rule 16b-3(b)(2), and are to be settled upon the reporting person's retirement or other termination of service. The reporting person may transfer the value of his phantom stock shares into an alternative investment selection within the plan. The insider has also elected that future biweekly contributions in the Top Hat Savings Plan be invested in the Cincinnati Financial Stock Plan.

Lisa Anne Love

05/20/2013

** Signature of Reporting Person

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.