## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Check this box if no longer subject STATE							= Cl	HANGE	S IN I	BEN	IEFICIA	LOW	/NER	SHIP	OMB Estim		er: average burg	3235-0287 len
U obliga	tions may ction 1(b)	/ contir			Filed			Section 16(a) 30(h) of the In					934		hours	per re	esponse:	0.5
1. Name and Address of Reporting Person* Hoffer Theresa A (Last) (First) (Middle) 6200 SOUTH GILMORE ROAD						2. Issuer Name and Ticker or Trading Symbol CINCINNATI FINANCIAL CORP [ CINF ] 3. Date of Earliest Transaction (Month/Day/Year) 11/05/2021								Neck all app Direct X Offic below	blicable) ctor er (give title w)	ng Person(s) to Issuer 10% Owner Other (specify below) lent - Subsidiary		
(Street) FAIRFII (City)	ELD	OF (Sta	-	45014 (Zip)		4. If A	mend	ment, Date o	f Origina	l Filec	I (Month/Day	Lin	e) X Forn Forn	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
			Table	e I - No	n-Deriva	ative S	ecu	rities Acq	uired,	Dis	posed of,	or Ber	neficia	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code ( 8)		4. Securitie Disposed C 5)				Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Transa	action(s) 3 and 4)			(instr. 4)
Common Stock 11/05/					2021			A		10	Α	\$0.0	0 3	6,686		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of	2.		3. Transaction	3A. Dee	med	4.		5. Number	6. Date	Exerci	sable and	7. Title ar	nd	8. Price of	9. Number	of	10.	11. Nature

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 Deriv Secu Acqu (A) o Dispo of (D	of Expiration Date (Month/Day/Year) securities (cquired A) or Disposed of (D) Instr. 3, 4		7. Titl Amou Secur Unde Deriv Secur 3 and	int of rities rlying ative rity (Instr.	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:

Remarks:

/s/ Theresa A. Hoffer

\*\* Signature of Reporting Person Date

11/08/2021

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.