FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL             |     |  |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-01      |     |  |  |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |  |  |
| hours per response:      | 0.5 |  |  |  |  |  |  |  |  |

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* <u>JOHNSTON STEVEN J</u>  |         |            | . Date of Event<br>Requiring Staten<br>Month/Day/Year          | nent               | 3. Issuer Name <b>and</b> Ticker or Trading Symbol  CINCINNATI FINANCIAL CORP [ CINF ]      |                   |  |   |   |   |  |  |
|--|---------|------------|--|--------------------|---|-------------------|--|---|---|---|--|--|
| (Last) (First) (Middle) 6200 SOUTH GILMORE RD  |         | ` ′        |  |                    | Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner |                   |  | (N  | 5. If Amendment, Date of Original Filed (Month/Day/Year)    |   |  |  |
|  |         |            |  |                    | <ul> <li>Officer (give title below)</li> </ul>  |                   | Other (specify below)  Officer         |   | 6. Individual or Joint/Group Filing (Check Applicable Line) |   |  |  |
| (Street)   |         |            |  |                    |   | Chief Financial C |  |   | X Form filed by One Reporting Person                        |   |  |  |
| FAIRFIELD  | OH      | 45014-5141 |  |                    |   |                   |  |   | Form filed by More than One<br>Reporting Person             |   |  |  |
| (City)   | (State) | (Zip)      |  |                    |   |                   |  |   |   |   |  |  |
| Table I - Non-Derivative Securities Beneficially Owned   |         |            |  |                    |   |                   |  |   |   |   |  |  |
| 1. Title of Security (Instr. 4)  |         |            |  |                    | 3. Ownership<br>Beneficially Owned (Instr. 4) Grown or Indirect (I)<br>(Instr. 5)           |                   | ct (D) (Ins                            | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |   |   |  |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |         |            |  |                    |   |                   |  |   |   |   |  |  |
| 1. Title of Derivative Security (Instr. 4)   |         |            | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 3. Title and Amount of Secur<br>Underlying Derivative Securi                                |                   |  | 4.<br>Conversion                                      | e Form:   | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |  |
|  |         |            | Date<br>Exercisable  | Expiratior<br>Date | n Title   |                   | Amount<br>or<br>Number<br>of<br>Shares | Price of<br>Derivative<br>Security                    | Direct (D)<br>or Indirect<br>(I) (Instr. 5)                 |   |  |  |

**Explanation of Responses:** 

No securities are beneficially owned.

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.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.