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 por response:	0.5							

	Check this box if no longer subject t
١	Section 16. Form 4 or Form 5
)	obligations may continue. See
	Inetruction 1(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or :	Sect	ion 30(n)	or the	inves	stment	Con	npany Act of	1940								
1. Name and Address of Reporting Person* Soloria Steven Anthony				2. Issuer Name and Ticker or Trading Symbol CINCINNATI FINANCIAL CORP [CINF]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Last) 6200 SOU	(Fir:	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/19/2024								X	X Officer (give title below) EVP, Chief Investment Officer							
(Street) FAIRFIEL	LD OH	[4	45014		4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line)								
(City)	(Sta	ite) ((Zip)		Ru	Rule 10b5-1(c) Transaction Indication															
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												satisfy								
		Tal	ble I - Non	-Deriv	ative	Se	curitie	s A	quir	red, C	Disp	osed of,	or Bene	ficially	Owned						
1. Title of Security (Instr. 3)			Date	ransaction		2A. Deemed Execution Date, if any (Month/Day/Year		3. Transactio Code (Inst						5. Amount Securities Beneficial Owned Fo	Form: (D) or		Direct I Indirect E tr. 4)	. Nature of ndirect leneficial ownership			
							С	Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(1)		Instr. 4)				
Common S	Stock													13,365		D					
Common Stock													175				By Children				
			Table II - I									sed of, o			wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate, Tr	4. Transaction Code (Instr.				6. Date Exercisa Expiration Date (Month/Day/Year		ate	e of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe 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)		
				C	ode \	v	(A)	(D)	Date Exerc	cisable		expiration late	Title	Amount or Number of Shares							
Performance Stock Units	\$0.00	02/19/2024			A		9,612			(1)		(1)	Common Stock	9,612	\$0.00	9,612	2	D			
Restricted Stock Units	\$0.00	02/19/2024			A		1,282			(2)		(2)	Common Stock	1,282	\$0.00	1,282	2	D			
Stock Options (Right to buy)	\$112.36	02/19/2024			A		16,305		02/19	9/2025 ⁽³	0	2/19/2034 ⁽³⁾	Common Stock	16,305	\$112.36	16,30	15	D			

Explanation of Responses:

- 1. The restricted stock units vest March 1, 2027, as set forth in the grant agreement, if performance goals are met. The number of restricted stock units shown is the maximum number of such units that may vest.
- 2. The restricted stock units vest in three annual installments on March 1, as set forth in the grant agreement, if service requirements are met.
- $3. \ The \ option \ vests \ in \ three \ annual \ installments \ beginning \ on \ the \ first \ anniversary \ of \ the \ date \ of \ grant.$

Remarks:

/s/ Steven A Soloria

02/20/2024

** 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.