FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL 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*  KELLINGTON JOHN S  (Last) (First) (Middle)  6200 SOUTH GILMORE RD				Issuer Name and Ticker or Trading Symbol CINCINNATI FINANCIAL CORP [ CINF ]      Indicate the control of t								(Che	eck all app Direc  Office below	tor er (give title		10% Or Other (s below)	wner specify			
(Street) FAIRFIE (City)			5014 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	e) X Form Form	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficia	lly Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date				Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Disposed Of 5)						Benefic	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount (A) or (D)		Price	Transa	ransaction(s) Instr. 3 and 4)			(		
Common Stock 11			11/05/2	/2021				A		10	A	1	\$0.00	64,3	36.229		D			
			Transaction of								ties)	y Owner  3. 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 Exercisa	able	Expiration Date	Title	or Num of Sha	ber						

**Explanation of Responses:** 

Remarks:

/s/ John S Kellington

11/08/2021

Date

\*\* 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.