SHEVCHIK JOAN O

Form 4

February 23, 2011

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB 333

Number: 3235-0287

OMB APPROVAL

Expires: January 31, 2005
Estimated average

burden hours per response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

may continue.

See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * SHEVCHIK JOAN O			2. Issuer Name and Ticker or Trading Symbol CINCINNATI FINANCIAL CORP [CINF]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 6200 SOUTH	(3. Date of Earliest Transaction (Month/Day/Year) 02/18/2011			DirectorX Officer (given below) Sr. Vice		6 Owner er (specify idiary
(Street) FAIRFIELD, OH 45014-5141			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securities Ac	quired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Executi any		3.	4. Securit onAcquired Disposed (Instr. 3,	ties (A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	·
Common Stock							14,334	D	
Common Stock							1,468	I	By Child
Common Stock							7,019	I	By Spouse

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control

Edgar Filing: SHEVCHIK JOAN O - Form 4

number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Number of Shares
Employee Stock Option (Right to Buy)	\$ 34.04	02/18/2011		A	1,766	02/18/2012(1)	02/18/2021	Common Stock	1,766
Restricted Stock Units	\$ 0	02/18/2011		A	1,104	<u>(2)</u>	(2)	Common Stock	1,104
Restricted Stock Units	\$ 0	02/18/2011		A	378	<u>(3)</u>	(3)	Common Stock	378

Reporting Owners

Reporting Owner Name / Address	Relationships					
• 0	Director	10% Owner	Officer	Other		
SHEVCHIK JOAN O			Sr. Vice			

6200 SOUTH GILMORE RD

FAIRFIELD, OH 45014-5141

President-Subsidiary

Signatures

Joan O Shevchik 02/21/2011

**Signature of Person Date

Explanation of Responses:

- * 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).
- (1) The option vests in three annual installments beginning on the first anniversary of the date of grant.

(2)

Reporting Owners 2

Edgar Filing: SHEVCHIK JOAN O - Form 4

The restricted stock units vest March 1, 2014 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.

(3) The restricted stock units vest February 18, 2014 as set forth in the grant agreement, if service requirements are met.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.