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TIMMEL TI Form 4 November 3											
FORM	ГЛ								OMB AF	PROVAL	
	• • UNITED	STATES					NGE C	OMMISSION	OMB	3235-0287	
Check th			vv as	shington,	, D.C. 20	549			Number:	January 31,	
if no long subject to Section 1 Form 4 c	51AIEN 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: 2005 Estimated average burden hours per response 0.5	
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17(a) of the I	Public U	· · ·	ding Com	ipany	Act of	e Act of 1934, 1935 or Section 0	I		
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>*</u> TIMMEL TIMOTHY L			2. Issuer Name and Ticker or Trading Symbol CINCINNATI FINANCIAL CORP [CINF]					5. Relationship of Reporting Person(s) to Issuer			
								(Check all applicable)			
(M			3. Date of Earliest Transaction (Month/Day/Year) 11/29/2012					Director 10% Owner X Officer (give title Other (specify below) below) Sr. Vice President-Subsidiary			
FAIRFIELI	(Street) D, OH 45014-514	1		endment, Da nth/Day/Year	-			6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M	int/Group Filin	g(Check rson	
(City)	(State)	(Zip)						Person	D (* • 1		
1.Title of Security (Instr. 3)	× ,	Fransaction Date 2A. Deemed			4. Securit on(A) or Dis (Instr. 3, 4	ies Ac sposed	quired l of (D)	uired, Disposed of, 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Common	11/20/2012			Code V	Amount	(D)	Price \$	(Instr. 3 and 4)	Ŧ		
Stock	11/29/2012			М	16,538	A	32.45	94,766	Ι	By Trust	
Common Stock	11/29/2012			F	14,347	D	\$ 40.37	80,419	Ι	By Trust	
Common Stock								3,213 <u>(1)</u>	Ι	By 401(k) Plan	
Common Stock								383	Ι	By IRA	
Common Stock								39,948	Ι	By Spouse's Trust	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control 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. Transactio Code (Instr. 8)	orDeriv Secu Acqu or Di (D)	rities hired (A) isposed of r. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (Right to Buy)	\$ 32.45	11/29/2012		М		16,538	02/01/2004 <u>(2)</u>	02/01/2013	Common Stock	16,5
Phantom Stock	\$ 0						<u>(3)</u>	(3)	Common Stock	9,24

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
TIMMEL TIMOTHY L 6200 SOUTH GILMORE RD FAIRFIELD, OH 45014-5141			Sr. Vice President-Subsidiary				

Signatures

Timothy L 11/30/2012 Timmel

**Signature of Reporting 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).
- The reported stock was acquired under the company's 401(k) plan. The reporting person may transfer the value of his shares into an (1)alternative investment selection within the plan.
- (2) The option vests in three equal annual installments beginning on the first anniversary of the date of grant.

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The reported phantom stock shares were acquired under the company's top hat savings plan, an "Excess Benefits Plan" within the

(3) meaning of Rule 16b-3(b)(2), and are to be settled upon the reporting person's retirement or other termination of service. The reporting person may transfer the value of his phantom stock shares into an alternative investment selection within the plan.

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.