## Edgar Filing: SCHIFF THOMAS R - Form 4

SCHIFF TH Form 4	OMAS R												
January 17, 2										OMP			
FORM	<b>14</b> UNITED	STATES	SECUE	RITIE	S A	ND EXC	CHAI	NGE (	COMMISSION		APPROVAL		
Check th	iis box		Wa	shingt	on,	D.C. 205	549			Number: Expires:	3235-0287 January 31,		
if no long subject to Section 1 Form 4 c Form 5 obligatio	6. Filed put	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,											
may cont <i>See</i> Instr 1(b).	tinue. Section 170	· /		•		Company	1 V		f 1935 or Sectio 40	on			
(Print or Type ]	Responses)												
1. Name and Address of Reporting Person <u>*</u> SCHIFF THOMAS R			2. Issuer Name <b>and</b> 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) 01/15/2013						X_ Director 10% Owner Officer (give title Other (specify below) below)				
				If Amendment, Date Original led(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
FAIRFIELI	D, OH 45014-514	41							Person	More than One I	Reporting		
(City)	(State)	(Zip)	Tab	le I - No	on-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Benefici	ally Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deen Execution any (Month/I			n Date, if Transaction(A) of Code (D)			n(A) or Dis	sposed	l of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	V	Amount	(D)	Price	(Instr. 5 and 4)		By		
Common Stock	01/15/2013			G	V	67,024	D	\$ 0	1,412,599 <u>(1)</u>	Ι	Charitable Lead Annuity Trust		
Common Stock									1,968,686	D			
Common Stock									124,249	I	By Schiff Agency		
Common Stock									107,186	I	By Schiff Agency		

									Pensi Plan	on	
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 information contained in this form are not information contained to respond unless the form displays a currently valid OMB control number.       (9-02)         Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)       SEC 1474											
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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amor Unde Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

		Relationships						
Reporting Owner Name / Addr	Director	10% Owner	Officer	Other				
SCHIFF THOMAS R 6200 SOUTH GILMORE R FAIRFIELD, OH 45014-514								
Signatures								
/s/ Thomas R. Schiff	01/17/2013							
<u>**</u> Signature of	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) Shares are gifted quarterly from the Charitable Lead Annuity Trust.

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.

Reporting Person