#### CINCINNATI FINANCIAL CORP

Form 4

August 05, 2014

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB** Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

Issuer

\$ 3,285,713

D

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

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

obligations

may continue.

See Instruction

Check this box

**SECURITIES** 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

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

Symbol

1(b).

Common

Stock

08/04/2014

(Print or Type Responses)

SCHIFF JOHN J JR

1. Name and Address of Reporting Person \*

				CINCINNATI FINANCIAL CORP [CINF]				ORP	(Check all applicable)			
	(Last) 6200 SOUT	(First) (FIRST	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/04/2014					_X_ Director 10% Owner Officer (give title Other (specify below)			
				amendment, Date Original 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 I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										ally Owned		
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deem Execution any (Month/D	Date, if	Code (Instr.	8)	4. Securitin(A) or Dis (Instr. 3, 4)	sposed	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
	Common Stock	04/15/2014			G	V	59,541	D	\$ 0	1,124,969	I	By Charitable Lead Annuity Trust
	Common Stock	07/15/2014			G	V	59,591	D	\$ 0	1,065,378	I	By Charitable Lead Annuity Trust

M

### Edgar Filing: CINCINNATI FINANCIAL CORP - Form 4

Common Stock	2,187	I	By 401(k)
Common Stock	124,249	I	By Schiff Agency
Common Stock	107,186	I	By Schiff Agency Pension Plan
Common Stock	563,633	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 number.

SEC 1474 (9-02)

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 of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and	Securition
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (Right to Buy)	\$ 26.59	08/04/2014		M	30,000	11/14/2009(1)	11/14/2018	Common Stock	30,0
Phantom Stock	\$ 0					<u>(2)</u>	(2)	Common Stock	16,5

# **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
SCHIFF JOHN J JR							
6200 SOUTH GILMORE RD	X						
FAIRFIELD, OH 45014-5141							

Reporting Owners 2

### **Signatures**

/s/ John J. 08/05/2014 Schiff, Jr.

\*\*Signature of Date
Reporting Person

## **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) Shares were acquired through fixed contributions and dividend reinvestment in the Top Hat 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.

Signatures 3