STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

2. Issuer Name and Ticker or Trading

CINCINNATI FINANCIAL CORP

CINCINNATI FINANCIAL CORP

Form 4

November 17, 2015

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

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per 0.5

response...

5. Relationship of Reporting Person(s) to

Issuer

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

Check this box

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

Symbol

may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b).

Stock

(Print or Type Responses)

SCHIFF THOMAS R

1. Name and Address of Reporting Person *

				[CINF]				(Check all applicable)					
(Last) (First) (Middle) 6200 SOUTH GILMORE RD			(3. Date of Earliest Transaction (Month/Day/Year) 04/15/2015					_X_ Director 10% Owner Officer (give title Other (specify below)				
				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			
	FAIRFIELL	O, OH 45014-514	I							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)	ction Date 2A. Deemed Day/Year) Execution Date any (Month/Day/Ye		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			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	04/15/2015			G	V	55,321 (1)	D	\$ 0	890,581	I	By Charitable Lead Annuity Trust	
	Common Stock	07/15/2015			G	V	54,510 (1)	D	\$0	836,071	I	By Charitable Lead Annuity Trust	
	Common	10/15/2015			G	V	53,445	D	\$0	782,626	I	Ву	

(1)

Charitable

Edgar Filing: CINCINNATI FINANCIAL CORP - Form 4

			Lead Annuity Trust
Common Stock	1,809,117	D	
Common Stock	124,249	I	By Schiff Agency
Common Stock	107,186	I	By Schiff Agency Pension Plan
Reminder: Report on a separate line for each class of securities ber	neficially owned directly or indirectly.		
	Persons who respond to the col information contained in this for	SEC 1474 (9-02)	

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

number.

required to respond unless the form displays a currently valid OMB control

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Relationships						
dress Director 10% Owner		Officer	Other			
X						
		Director 10% Owner	Director 10% Officer Owner			

Reporting Owners 2

Signatures

/s/ Thomas R. Schiff 11/13/2015

**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) 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.

Signatures 3