## Edgar Filing: CINCINNATI FINANCIAL CORP - Form 4

| CINCINNA<br>Form 4<br>June 10, 201   | TI FINANCIAL C<br>6                     | CORP                                      |  |   |            |                  |   |  |  |              |  |
|--|---|---|--|---|------------|------------------|---|--|--|--------------|--|
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Section 16.<br>Sec |   |   |  |   |            |                  |   |  | 3235-0287<br>January 31,<br>2005<br>Iverage                          |              |  |
| (Print or Type I   | Responses)                              |   |  |   |            |                  |   |  |  |              |  |
| Mullen Martin J Symbol   |   |   |  | er Name <b>and</b> Ticker or Trading<br>NNATI FINANCIAL CORP<br>] |            |                  |   | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)  |  |              |  |
|  |   |   | e of Earliest Transaction<br>h/Day/Year)<br>8/2016 |   |            |                  | Director 10% Owner<br>X_ Officer (give title Other (specify<br>below)<br>Sr.VP,Chief Claims Officer-Sub |  |  |              |  |
|  |   |   |  | Amendment, Date Original<br>(Month/Day/Year)                      |            |                  |   | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting |  |              |  |
| (City)   |   | (Zip)                                     | Tabl   | e I - Non-D   | erivative  | Securi           | ities Acqu  | Person<br>uired, Disposed of   | , or Beneficial  | lv Owned     |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deem<br>Execution<br>any<br>(Month/D. | ed<br>Date, if                                     | 3.<br>Transactic<br>Code<br>(Instr. 8)<br>Code V                  | 4. Securit | ies Ac<br>sposec | cquired<br>d of (D)   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                               | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of |  |
| Common<br>Stock  | 06/08/2016                              |   |  | М   | 2,000      | А                | \$<br>44.79   | 54,237.754   | Ι  | By Trust     |  |

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.

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5. Number<br>opf Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed of<br>(D)<br>(Instr. 3, 4,<br>and 5) | 6. Date Exercisable and Expiration<br>Date<br>(Month/Day/Year) |                       | 7. Title and Amou<br>Underlying Securit<br>(Instr. 3 and 4) |                                |
|---|---|---|---|--|--|--|-----------------------|---|--------------------------------|
|   |   |   |   | Code V                                 | (A) (D)  | Date Exercisable   | Expiration Date       | Title   | Amc<br>or<br>Num<br>of<br>Shar |
| Employee<br>Stock<br>Option<br>(Right to<br>Buy)    | \$ 44.79  | 06/08/2016                              |   | М                                      | 2,000  | 01/31/2008 <u>(1)</u>  | 01/31/2017 <u>(1)</u> | Common<br>Stock   | 2,0                            |

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## **Reporting Owners**

| Reporting Owner Name / Address                                       | Relationships |           |                                |       |  |  |  |
|--|---------------|-----------|--------------------------------|-------|--|--|--|
| I B  | Director      | 10% Owner | Officer                        | Other |  |  |  |
| Mullen Martin J<br>6200 SOUTH GILMORE RD<br>FAIRFIELD, OH 45014-5141 |               |           | Sr.VP,Chief Claims Officer-Sub |       |  |  |  |
| Signatures   |               |           |                                |       |  |  |  |

/s/ Martin J 06/09/2016 Mullen

\*\*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).

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

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.