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

### CINCINNATI FINANCIAL CORP

Form 4

Common

Common

Stock

Stock

November 18, 2014

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL		
	Washington, D.C. 20549							OMB Number:	3235-0287	
Check this box if no longer	STATEMENT O	NEDCHID OF	Expires:	January 31, 2005						
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES  Estimated average burden hours per response  5 Section 17(a) of the Public Utility Holding Company Act of 1934, 30(h) of the Investment Company Act of 1940										
(Print or Type Respons	ses)									
1. Name and Address SCHERER J F	Symbol	CINCINNATI FINANCIAL CORP					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
· · ·	(Last) (First) (Middle) 3. Date of (Month/Da 200 SOUTH GILMORE RD 11/14/20						Director 10% Owner _X_ Officer (give title Other (specify below)  EVP & Chief Ins. Off Sub			
(St FAIRFIELD, OH		mendment, 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				
	tate) (Zip)	T. I.I. T	N. D.	······································		·• A .	Person	e D e	II. O 1	
1.Title of 2. Tra	ansaction Date 2A. Deenth/Day/Year) Execution any	emed 3. on Date, if T	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)  (A)				5. Amount of 6 Securities F Beneficially (Owned I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common 11/1	4/2014		Code V A	Amount 10	or (D)		(Instr. 3 and 4)	I	By Trust	
Common Stock							0	D		

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

By 401(k)

Spouse's

Trust

Plan By

2,756 (1)

50,413

Ι

Ι

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	-				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									<b>A</b>		
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
				C 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships
Reporting Owner Maine / Address	

Director 10% Owner Officer Other

SCHERER J F EVP &
6200 SOUTH GILMORE RD Chief Ins.
FAIRFIELD, OH 45014-5141 Off. - Sub

## **Signatures**

Jacob F Scherer 11/17/2014

\*\*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 reported stock was acquired under the company's 401(k) plan. The reporting person may transfer the value of his 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.

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