#### CINCINNATI FINANCIAL CORP

Form 4 May 23, 2008

## FORM 4

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

OMB Number:

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**OMB APPROVAL** 

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16.

burden hours per response...

Form 4 or Form 5 obligations may continue.

See Instruction

Check this box

if no longer

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

1(b).

(Print or Type Responses)

1. Name and Ad PLUM LARE	•	orting Person *	2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
			CINCINNATI FINANCIAL CORP [CINF]	(Check all applicable)			
(Last) 6200 SOUTH	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/21/2008	Director 10% Owner X Officer (give title Other (specify below) below)			
(Street)  FAIRFIELD, OH 45014-5141			03/21/2008	President - / Subsidiary  6. Individual or Joint/Group Filing(Check			
			4. If Amendment, Date Original				
			Filed(Month/Day/Year)	Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I New Desiration Consulting As	oning Disposed of an Boneficially Orang			

(City)	(State) (	e I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		Code		4. Securities nAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common			Code	V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				
Stock								506	D			
Common Stock	04/30/2008		A	V	28	A	\$ 0	967 <u>(1)</u>	I	By 401K		
Common Stock								5,232	I	By IRA		
Common Stock	03/21/2008	03/21/2008	G	V	50	D	\$0	124,554	I	By Trust		
Common Stock	05/02/2008	05/02/2008	G	V	250	D	\$0	124,304	I	By Trust		

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Common Stock 05/13/2008 05/13/2008 G V 175 D \$ 0 124,129 I 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.

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)	4. Transa Code (Instr.		5. nNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration I (Month/Day /e s l	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
			Code	v	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	\$ 0	04/30/2008	A	V	59	(2)	(2)	Common Stock	87	\$0

# **Reporting Owners**

FAIRFIELD, OH 45014-5141

Reporting Owner Name / Address	Relationships								
• 0	Director	10% Owner	Officer	Other					
PLUM LARRY R									
6200 SOUTH GILMORE RD			President -	Subsidiary					

## **Signatures**

LarryRPlum 05/23/2008

\*\*Signature of Person 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).
- (2) Shares were acquired through fixed contributions and dividend reinvestment in the Top Hat plan.

Reporting Owners 2

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(1) Shares were acquired through fixed contributions and dividend reinvestment in the 401K 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.