Love Lisa Ar Form 5	nne						
February 14,	2019						
FORM	5				OMB A	PPROVAL	
Check this no longer s	UNIT box if	ED STATE	OMB Number: Expires:	3235-0362 January 31, 2005			
to Section Form 4 or 2 5 obligatio may contin <i>See</i> Instruc	Form 4 ns ue.	ANNUAL ST	Estimated a burden hou response	average rs per			
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Form 4 30(h) of the Investment Company Act of 1940 Transactions Reported							
1. Name and Address of Reporting Person <u>*</u> Love Lisa Anne			2. Issuer Name <b>and</b> Ticker or Trading Symbol CINCINNATI FINANCIAL CORP [CINF]	Reporting Person(s) to k all applicable)			
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2018	Director Officer (give t below)	itle Othe below)	Owner er (specify	
6200 SOUT	H GILMOR	E RD		Sr VP, Gen	. Counsel, Co	rp Sec	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting			
				(check	check applicable line)		
FAIRFIELD	9, OH 45	014		_X_ Form Filed by C Form Filed by M Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Ac	quired, Disposed of,	or Beneficial	ly Owned	
1 Title of	2 Transaction	Data 24 Dec	amed 3 A Securities	5 Amount of	6 Ownership	7 Nature of	

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Secur Acquired Disposed (Instr. 3, Amount	d (A) of d of (E 4 and (A) or	))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	05/22/2018	Â	G	500	D	\$0	26,374.03	D	Â
Common Stock	12/05/2018	Â	G	30	D	\$0	26,344.802	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	2,264	I	By Mother's Trust

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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 2270** (9-02)

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

Der Sec	Title of ivative urity str. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerc Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and 4	Securities	8. Pric Deriva Securi (Instr.
						(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Sto	antom ock ares	\$0	Â	Â	Â	Â	(1)	(1)	Common Stock	10,632	Â

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Love Lisa Anne 6200 SOUTH GILMORE RD FAIRFIELD, OH 45014	Â	Â	Sr VP, Gen. Counsel, Corp Sec	Â		
Signatures						

/s/ Lisa Anne Love	02/13/2019		
<u>**</u> 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). \*\*

The reported phantom stock shares were acquired under the company's Top Hat Savings Plan, an "Excess Benefits Plan" within the (1) meaning of Rule 16b-3(b)(2), and are to be settled upon the reporting person's retirement or other termination of service. The reporting person may transfer the value of his phantom stock 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 provided 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.