SCHIFF TH	OMAS R							
Form 5								
January 26, 2	2012							
FORM	5				OMB A	PPROVA	<u> </u>	
		ED STATE	S SECURITIES AND EXCHANGE	COMMISSION	OMB Number:	3235-0	0362	
Check this no longer s			Washington, D.C. 20549	Expires:	January	731, 2005		
to Section Form 4 or		ANNUAL ST	FATEMENT OF CHANGES IN BEN	IEFICIAL	Estimated average		2005	
5 obligatio	i onn	OWNERSHIP OF SECURITIES				burden hours per		
may contin See Instruc					response		1.0	
1(b).	Filed	^	Section 16(a) of the Securities Exchange					
Form 3 Ho Reported	oldings Section		Public Utility Holding Company Act of		l			
Form 4		30(h)) of the Investment Company Act of 19	40				
Transactio Reported	ns							
1								
1. Name and Address of Reporting Person <u>*</u> SCHIFF THOMAS R			2. Issuer Name and Ticker or Trading Symbol5. Relationship of Reporting Person(s) to Issuer					
			CINCINNATI FINANCIAL CORP [CINF]	(Check all applicable)				
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended	X Director	10%	Owner		
× /	× /	~ /	(Month/Day/Year)	Officer (give t	itle Oth	er (specify		
			12/31/2011	below)	below)			
6200 SOUT	H GILMOR	E RD						
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	nt/Group Reporting				
				(check	applicable line)		
FAIRFIELD		014 5141						
TAINTELL	,A 011A 45	0101-1		_X_ Form Filed by C				
				Form Filed by M Person	lore than One R	eporting		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Ac	quired, Disposed of,	or Beneficial	lly Owned		

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. Securit (A) or Di (D) (Instr. 3, -	sposed	l of	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	12/23/2011	Â	G	11,686	. ,	\$ 0	1,966,395 (1)	D	Â
Common Stock	12/27/2011	Â	G	22,595	D	\$0	1,966,395 (1)	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	1,786,371	I	By Charitable Lead Annuity Trust

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Common Stock	Â	Â	Â	Â	Â	Â	124,249	Ι	By Schiff Agency
Common Stock	Â	Â	Â	Â	Â	Â	107,186	Ι	By Schiff Agency Pension Plan
Common Stock	Â	Â	Â	Â	Â	Â	0 (1)	Ι	By Grantor Retained Annuity 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 2270 (9-02)

of

Shares

 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. of D So B O E I S F i (I
					(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number		(I

(A) (D)

Reporting Owners

Reporting Owner Name / Address	Relationships						
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other			
SCHIFF THOMAS R 6200 SOUTH GILMORE RD FAIRFIELD, OH 45014-5141	ÂX	Â	Â	Â			
Signatures							
/s/ Thomas R. 01/23/2	2012						

Schiff	01/23/201			
**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) On December 16, 2011, the insider transferred 381,487 shares from his GRAT to his individual account.

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.