## Edgar Filing: JOHNSTON STEVEN J - Form 4

JOHNSTON	STEVEN J										
Form 4											
November 19	9, 2012										
FORM	<b></b>									PPROVAL	
	UNITE	D STATE		ITIES A hington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this if no long subject to Section 10 Form 4 or	OF CHAN	F CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES						Expires: January 31, 2005 Estimated average burden hours per response 0.5			
Form 5 obligation may conti <i>See</i> Instru 1(b).	nue. Section	7(a) of the		ility Hole	ling Con	npany	Act o	ge Act of 1934, of 1935 or Sectio 40	·	. 0.0	
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> JOHNSTON STEVEN J			2. Issuer Name <b>and</b> Ticker or Trading Symbol CINCINNATI FINANCIAL CORP [CINF]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 6200 SOUTH GILMORE RD			3. Date of Earliest Transaction (Month/Day/Year) 11/16/2012					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) President & CEO			
				ndment, Da th/Day/Year	-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
FAIRFIELD	, OH 45014-5	5141						Form filed by M Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-E	Derivative	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Executi any		Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	d (A) o d of (D 4 and (A) or	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/16/2012			Α	4	A	\$0	23,655	D		

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	TransactionNumber H Code of (			ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price of Derivative Security (Instr. 5)
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Shares	\$ 0				(1)	<u>(1)</u>	Common Stock	11,921	

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
JOHNSTON STEVEN J 6200 SOUTH GILMORE RD FAIRFIELD, OH 45014-5141	Х		President & CEO				
Signatures							
Steven J 11,	/16/2012						

Johnston
<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 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.