FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OND AFF | NOVAL |
|-------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average | hurden |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |
| | | | | | | | | | |

| 1. Name and Address of Reporting Person* AMERICAN FINANCIAL GROUP INC (Last) (First) (Middle) ONE EAST FOURTH STREET (Street) CINCINNATI OH 45202 (City) (State) (Zip) | | | | | 3. D 06/ | 2. Issuer Name and Ticker or Trading Symbol MARSH SUPERMARKETS INC [MARSA] 3. Date of Earliest Transaction (Month/Day/Year) 06/13/2006 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | A ((| S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | | | |
|--|---|--|--------------|--|-------------|---|---|---|------------|--|-------|------|--|----------------------------------|--|---|---|--|-------|-------------------|--|
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Transa Date (Month/D | | Execution Date, | | | | (A) or (D) (A) or (D) (D) (D) (D) (D) | | | and 5) Secur Bener Owne Repo Trans | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Common Stock Class A 06/13 | | | | | /2006 | 2006 | | | S | | 3,150 | | D D | \$12 | - ` | 514,408 | | | I | #1 ⁽¹⁾ | |
| Common | Common Stock Class B 06/13/2 | | | | | 2006 | | S | | 8,573 | 1 | D | \$12.571 | | 1 135,607 | | | I | #1(1) | | |
| | 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) | erivative ecurity nstr. 3) Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | Code (8) | saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date Date | | te ear) | Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | 8. Prica Deriva Securit (Instr. ! | ative derivative rity Securities | | F D O (I | LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Indirect #1: Great American Insurance Company - 100% owned subsidiary of American Financial Group, Inc.

Remarks:

06/14/2006 Karl J. Grafe, Vice President

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.