FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

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

1. Name and Address of Reporting Person* AMERICAN FINANCIAL GROUP INC							2. Issuer Name and Ticker or Trading Symbol MARSH SUPERMARKETS INC [MARSA									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
AWERICAN FINANCIAL GROUP INC							1										Directo	or	X	10% C)wner		
-]										r (give title			(specify		
(Last) (First) (Middle)								Date of Earliest Transaction (Month/Day/Year)									elow))		below)			
ONE EAST FOURTH STREET						04/	04/26/2006																
							4. If Amandment, Data of Original Filed (Month/Pay/Mass)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year) 04/27/2006									Line)							
CINCINNATI OH 45202						3,2,7200									X Form filed by One Reporting Person								
						.											Form filed by More than One Reporting						
(City) (State) (Zip)																	Person						
Table L. Non-Derivative Securities Acquired Disposed of or Reneficially Owned																							
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3)						action	2A. Deemed Execution Date,						ties Acquired (A) of Of (D) (Instr. 3, 4				Amou curiti	unt of ies	Form	nership : Direct	7. Nature of Indirect		
					(Month/I	Day/Yea		f any Month/Da	any //onth/Day/Year)		Code (Instr. 8)									r Indirect str. 4)	Beneficial Ownership		
								(months buy/rear)		"		(4)			Repoi		rted		J,	(Instr. 4)			
							Code	۱۷	Amount	(1)	A) or D)	Price		Transaction(s) (Instr. 3 and 4)									
Common Stock Class A																	577,358			I	#1(1)		
Common Stock Class B 04/26/										S		284,00	0	D	\$11	.05 194,444		4,444		I	#1(1)		
			Ta	hle II - I	Derivat	ivo S	001	ıritine	Λcαιι	ired D	iene	sed of,	or B	onofi	ciall	v Own							
			10									onvertib					eu						
														f 10	<u> </u>	11. Nature							
Derivative	Conversion	on l	Date	Execution		Transa		n of	of		Expiration Date (Month/Day/Year)			Amount of		Derivati		derivative		wnership	of Indirect		
Security (Instr. 3)	or Exercise Price of	se	(Month/Day/Year)	if any (Month/Da	av/Year)	Code (8)	Instr				Day/Ye	ear)	Securities Underlying			Security (Instr. 5		Securities Beneficially		Form: Direct (D)	Beneficial Ownership		
,,	Derivative	:			,,	-,		Acquired			Derivative			' ' '		Owned	l OI	or Indirect	(Instr. 4)				
	Security							(A) or Disposed						Security (Instr. 3 and 4)				Following Reported	"	(I) (Instr. 4)			
								of (D)									Transaction(s)	(s)	1				
							(Instr. 3, 4 and 5)								l	- ['	(Instr. 4)						
					Í									Am	ount	1							
													or		l								
								Date		Expiration		of	nber	l									
						Code	v	(A)	(D)	Exercisa	ıble	Date	Title	Sha	ıres		- 1				1		

Explanation of Responses:

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

Remarks:

Karl J. Grafe, Vice President 04/28/2006

** Signature of Reporting Person Date

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

- * 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.