FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ington,	D.C.	20549		

OWR APP	ROVAL
OMB Number:	3235-0287
Estimated average I	burden

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

hours per response: 0.5

	tion 1(b).	140. 000		Filed			section 16(a) 30(h) of the Ir					934		Tiours	per response:	0.5
JACOE (Last)	BS TERR	of Reporting Person* RY S  First) (Middle) TH STREET		2. Issuer Name and Ticker or Trading Symbol  AMERICAN FINANCIAL GROUP INC [  AFG ]  3. Date of Earliest Transaction (Month/Day/Year)  06/01/2022							neck all app X Direct Office	elationship of Reporting Person(s) to Issuerck all applicable)  Director 10% Owner  Officer (give title below)  Other (spec				
(Street) CINCIN (City)			5202 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)				6. Lir	Individual or Joint/Group Filing (Check Applicable le)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Table	I - No	n-Deriva	itive S	ecur	rities Acq	uired,	Dis	posed of	, or Bei	neficia	ally Own	ed		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
						Code	v	Amount	(A) or (D)	Price	Transa	iction(s) 3 and 4)		(111541. 4)		
Common Stock 06/01			06/01/2	2022			A		1,143	A	\$0.00	)(1)	,143	D		
		Tal					ies Acqu varrants,							d		
1. Title of	2.	3. Transaction	3A. Dee	mad	4.		5. Number of		Exerc ion Da	isable and	7. Title a	nd	8. Price of	9. Number	of 10.	11. Nature

Date

Exercisable

(D)

(A)

## **Explanation of Responses:**

1. Represents a grant of restricted stock issued under the Company's Non-Employee Director's Compensation Plan.

## Remarks:

Terry S. Jacobs By: Karl J. Grafe, as Attorney-in-Fact

Amount Number

Shares

Expiration

Date

Title

06/02/2022

\*\* 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).

Code

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.