FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | JVAL | | | | | |
|------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burd | en | | | | | |
| hours per response: | 0.5 | | | | | |

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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

| Name and Address of Reporting Person* <u>Drosos Virginia</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMERICAN FINANCIAL GROUP INC AFG | | | | | | | | | Check a X | II app Direc | plicable) ctor | | Person(s) to Issuer 10% Owner | |
|--|--|--------------------|--|---|-------|--|---|---|-----|-------------------|---|---------------------|--|---|---|---|--------------------------|---|---|----------------------------------|--|
| (Last) (First) (Middle) 301 E. FOURTH STREET | | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2014 | | | | | | | | | | officer (give title elow) | | Other below) | (specify |
| (Street) CINCINNATI OH 45202 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Dis | | Securities Acquired (A sposed Of (D) (Instr. 3, | | | 4 and Secu Bene | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | v | Amount | (| A) or D) | Price | , т | Transaction(s) (Instr. 3 and 4) | | | | (111501.4) | | |
| Common | Stock | | | 1/2014 | | | | | | 2,055 | 5 | A | (1 | 1) | 4,098 | | | D | | | |
| Common Stock | | | | | | | | | | | | | | | | | 54.364(2) | | | D | |
| | | | Та | ble II - D | | | | | | | | sed of, onvertib | | | | | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversi or Exerci Price of Derivativ Security | sion cise ve | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | | ransaction Code (Instr. | | of | | 6. Date Exercisable ar Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price Deriva Securi (Instr. ! | rative irity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | vnership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Ame or Nun of Sha | | | | | | | |

Explanation of Responses:

- 1. Represents a grant of Restricted Stock issued under the Company's Non-Employee Director's Compensation Plan.
- 2. Shares held under the Company's dividend reinvestment plan as of April 30, 2014.

Remarks:

<u>Virginia (Gina) C. Drosos By:</u> Karl J. Grafe, as Attorney-in-

<u>Fact</u>

** Signature of Reporting Person Date

06/03/2014

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.