FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

| | OMB APPROVAL | | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0362 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| - 1 | haura nar raananaa. | 1.0 | | | | | | | |

Instruction 1(b)

| Form 3 | Holdings Repo | rted. | | | | | | | | | | | | Lilou | io pei i | соропос. | 1.0 | |
|---|---|---|---|--|--------------------------------------|-------------------------------|----------------------------|------|--|-------|---|---|---|---|----------------------------|--|---------------------------------------|--|
| Form 4 | Transactions R | eported. | File | ed pursuant to or Sectior | | | | | ities Exchai ompany Act | | | | | | | | | |
| 1. Name and Address of Reporting Person* <u>EVANS JAMES E</u> | | | | 2. Issuer Name and Ticker or Trading Symbol AMERICAN FINANCIAL GROUP INC AFG] | | | | | | | k all app Direc | tor | | 10% | Owner | | | |
| (Last) (First) (Middle) ONE EAST FOURTH STREET | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009 | | | | | | Year) | X Officer (give title below) Other (specify below) Sr. V. Pres. & Gen. Counsel | | | | | | | |
| (Street) CINCINNATI OH 45202 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | _ine) | Individual or Joint/Group Filing (Check Applicable te) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (Sta | | Zip) | rativo Soci | uritic | Λ _. ο | auiro | d Di | cnocod (| of or | Popofici | ially | Owne | .d | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date | | 2A. Deemed 3. Execution Date, if any Cod | | 3. Transa | ansaction Of (D) (Instr. 3, 4 and 5) | | | | <u> </u> | | | 6. Ownership Form: Direct f (D) or | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | (monangay) | (Monumbay) real) | | 9, | | Amount | | Price | | Issuer's Fiscal Year (Instr. 3 and 4) | | Indirect (I) (Instr. 4) | | (Instr. 4) | |
| Common | Stock | | | | | | | | | | | 189,091 D | | | | | | |
| Common | Stock | | | | | | | | | | | 9,630 I | | I | #1 ⁽¹⁾ | | | |
| Common | Stock | | | | | | | | | | | 38.955 | | | I | #2 ⁽²⁾ | | |
| | | Ta | ble II - Derivat (e.g., pı | ive Securi uts, calls, | | | | | | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | of | r r osed) : 3, 4 | Expira (Month lies ed 3, 4 | | te Exercisable and ration Date th/Day/Year) Expiration cisable Date | | e and int of rities rities rity gative rity (Instr. 3) Amount or Number of Shares | Derivative Security (Instr. 5) B | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Shares allocated to the Reporting Person's account under the Issuer's Employee Stock Purchase Plan (the "ESPP"). All ESPP information reporting herein is based on a plan statement dated as of December
- 2. Additional shares were purchased in 2009 in the Issuer's Dividend Reinvestment Plan (the "DRIP"). All DRIP information reported herein is based on a plan statement dated as of December 31, 2009.

Remarks:

James E. Evans By: Karl J. Grafe, as Attorney-in-Fact

02/12/2010

** 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.