### FORM 5

Check this box if no longer subject

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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		Was	hingto	n, D.C.	2054

Washington	, D.C.	20549

# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								
hours per response: 1								

to Sec obligat Instruct	STATEMENT OF CHANGES IN BENEF OWNERSHIP							NEFIC	IAL		Est	OMB Number: 3238 Estimated average burden hours per response:			5-0362				
Form 4	Transactions	Reported.	Filed	d pursuant to So or Section 3								f 1934							
Name and Address of Reporting Person*     BERDING JOHN B			2. Issuer Name and Ticker or Trading Symbol AMERICAN FINANCIAL GROUP INC [ AFG ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner  V Officer (give title Other (specific					er				
(Last) (First) (Middle) 301 EAST FOURTH STREET 27TH FLOOR			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2021							/ear)	X Sincer (give title Striet (Specify below)  President of Subsidiary								
(Street) CINCINNATI OH 4		15202							Individual or Joint/Group Filing (Check Applicab Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person										
(City)	(St	ate) (	Zip)	1 clsori															
		Table	l - Non-Deriva	ative Secur	ities	s Acq	uire	d, Dis	posed	of, c	or B	Benefici	ally C	wn	ed				
1. Title of Security (Instr. 3)		3)	Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disp Of (D) (Instr. 3, 4 and 5)			r Disposed	5. Amount of Securities Beneficially Owned at er		s ılly	6. Owne Form (D) or	rship   I : Direct   I			
				(Monthin Day) Tear)		9,		Amount		(A) or (D)	or Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)		
Common Stock														37,	410		D		
Common Stock													1,899 I		I ]	By Trust			
Common Stock												4,378.109(1)			I ]	ESPP			
Common Stock												1,045.2238 <sup>(2)</sup> I		I 1	DRIP				
Common Stock									23,799.033(3)		I		RASP						
		Ta	ble II - Derivati (e.g., pu	ive Securiti uts, calls, w										vne	d				
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)	Transaction of Code (Instr. 8) Se Ac (A) Dic		f Exp		oate Exercisable and biration Date nth/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Deriva Securi	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D or Indirec (I) (Instr.	ip of B Oct (li	1. Nature f Indirect eneficial wnership nstr. 4)
				1		ıl						or Number						- 1	

#### **Explanation of Responses:**

- 1. Shares owned by the Reporting Person in the Issuer's Employee Stock Purchase Plan ("ESPP"). All ESPP information reporting herein is based on a plan statement dated as of 12/31/2021.
- 2. Represents ESPP DRIP shares held by reporting person as of 12/31/2021.
- 3. Represents amounts held by the Reporting Person in the Issuer's retirement plan based on a statement dated 12/31/2021. Each share is the economic equivalent of one share of common stock. Upon termination of employment or earlier, if so elected, the Reporting Person's account balances may be distributed, at the option of the Issuer, either in cash or in shares of the Issuer's common stock.

Date

Exercisable

Expiration

## Remarks:

John B. Berding By: Karl J. Grafe, as Attorney-in-Fact

of

Shares

Title

02/10/2022

\*\* 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).

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.