FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

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OMB APPROVAL

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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* JENSEN KEITH A (Last) (First) (Middle) ONE EAST FOURTH STREET (Street) CINCINNATI OH 45202						2. Issuer Name and Ticker or Trading Symbol AMERICAN FINANCIAL GROUP INC [AFG] 3. Date of Earliest Transaction (Month/Day/Year) 09/14/2010 4. If Amendment, Date of Original Filed (Month/Day/Year)								(Check	ationship of Reporting Person(s) to Issuer k all applicable) Director 10% Owner Officer (give title Other (specify below) below) Sr. Vice President vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		(Zip)																
		Tab	le I - N	Non-Deri	vativ	e Sec	urit	ties A	<u> </u>	ed, D	isposed c	of, or B	enefic	ially	Owned				
Date		2. Transac Date (Month/Da		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Beneficia Owned Fe		es Form ally (D) of Following (I) (In		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 09/14/202				2021				M		30,025	Α	\$12	2.3	77	,224		D		
Common Stock 09/14/201				2010	.0		S		30,025	D	\$29.9	016(1)	47	,199		D			
Common Stock														734			I 4	401-K ⁽²⁾	
		-	Table I								posed of, , converti				wned				
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		Di Si	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numl of Share	per					
Employee Stock	\$12.3	09/14/2010			M			30,025	(3	3)	02/23/2013	Commo	n 30,0	25	\$0.00	0		D	

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$29.90 to \$29.92, inclusive. The reporting person undertakes to provide to American Financial Group, Inc., ("AFG"), any security holder of AFG, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (1) to this Form 4.
- 2. Totals as of 12/31/2009
- 3. These Employee Stock Options ("Options") become exercisable as to 20% of the shares initially granted on the first anniversary of the date of grant, with an additional 20% becoming exercisable on each subsequent anniversary. The Options were granted under the Issuer's Stock Option Plan pursuant to Rule 16b-3.

Remarks:

Keith A. Jensen By: Karl J. Grafe, as Attorney-in-Fact

09/15/2021

** 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.