FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response:	0.5								

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

			*		2 10011	or No	.ma a	ad Tio	kor or Tro	dina	Cumbal		I e	Dolo	tionchi	n of Donorti	ina Da	arcon(c) to I	couor
1. Name a	2. Issuer Name and Ticker or Trading Symbol AMERICAN FINANCIAL GROUP INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
VON LEHMAN JOHN I						[AFG]								X	Direc	Director		10% O	vner
(Loot)	Date of Earliest Transaction (Month/Day/Year)								-		Officer (give title below)			Other (s	specify				
(Last) 301 EAS	06/01/2023									belov	•)		below						
301 EAS	4. If Amendment, Date of Original Filed (Month/Day/Year)) 6	6. Individual or Joint/Group Filing (Check Applicable									
(Ctroot)						3								Line)					
(Street) CINCINNATI OH 45202														X Form filed by One Reporting Person					
CINCINNATI OII 43202														Form filed by More than One Reporting Person					orting
(City)	Rule	Rule 10b5-1(c) Transaction Indication																	
		l. tl	nia hav	to indi	inata that a	trana	action was n	nada nu	rought to		raat ina	ruotion or ur	ittan m	lan that is int	anded to				
							saction was n ons of Rule 1					ruction of wi	illen p	nan mai is ini	ended to				
		Table	I No	n Dorivo	tivo Co	2011	ition	Λοο	uirad	Die	nocod of	- or E	Popofio	iall	. 0				
			1 - 140	n-Deriva						סוס									
1. Title of	Security (Ins	tr. 3)		2. Transacti Date	Execution Date,			3. 4. Securities Acquired (A Transaction Disposed Of (D) (Instr. 3,				, 4 and Securit		ties Fo		rm: Direct	7. Nature of Indirect		
(Month/Day					/Year) if any (Month/Day/Ye			Year)	Code (Instr. 5) 8)						Benefi Owned Follow	d Ìnd		direct (I)	Beneficial Ownership (Instr. 4)
								Code	v	Amount	(A) (or Price	Report Transa		ed ction(s)			`	
												(D)				(Instr. 3 and 4)		\longrightarrow	
Common	Stock	023		Α		1,411	A	\$0.0	$00^{(1)}$ 1		15,595		D						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				(e.g., pu	ts, cal	ls, v	varra	ınts,	option	ıs, c	onvertib	le se	curitie	s) ¯					
1. Title of Derivative Security	2. Conversion or Exercise			eemed Ition Date,	4. Transac Code (li		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities		8. Price of Derivativ		9. Number derivative Securities		Ownership	Beneficial Ownership
(Instr. 3)					8)		Derivative Securities		` ′ Ur			Under	Underlying Derivative		tr. 5)	Beneficially Owned	у	Direct (D) or Indirect	
						Acquired		Secu			Secur	ecurity nstr. 3 and 4)			Following Reported		(I) (Instr. 4)	(111301. 4)	
					(A) or Disposed of (D)		(iiisu. s			3 and 4)			Transaction(s)						
					10		. 3, 4								(111301. 4)				
				and 5	,, 	Amo			Amount	-									
					or														
					Code	Code V (A) (D)					Expiration Date	Title	of Shares						

Explanation of Responses:

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

Remarks:

John I. Von Lehman By: Karl J. Grafe, As Attorney-in-Fact 06/02/2023

** 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.