Instruction 1(b)

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
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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNEDCHID

	OMB APPROVAL								
	OMB Number:	3235-0362							
	Estimated average I	ourden							
-	1.								

Form 3		OWNERSHIP								hours	hours per response:		1.0				
Form 4	Transactions	Reported.	Fil	ed pursuant t or Section					urities Excha Company A								
1. Name and Address of Reporting Person* BERDING JOHN B					2. Issuer Name and Ticker or Trading Symbol AMERICAN FINANCIAL GROUP INC						Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle)													X Officer (give title below)			(specify v)	
301 EAST FOURTH STREET 27TH FLOOR					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017							President of Subsidiary					
(Street) CINCINNATI OH 45202				4. If Amei	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)								Feisuii									
		Tab	le I - Non-Deri	vative Sec	uriti	es A	cquire	ed, C	isposed	of, or l	Benefici	ally Owne	ed				
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					or Disposed	ed 5. Amount of Securities Beneficially Owned at end of		6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership		
				(, real, o,			Amount		(A) or (D)	Price	Issuer's Year (Ins 4)	Fiscal	Indirect (I)		(Instr. 4)	
Common Stock												53,55	4.67(1)		D		
Common Stock											2	233		I I	By Trust		
Common	Stock											5,	5,154		I I	ESPP ⁽²⁾	
Common	Stock											1,346.8 I 401(k)			101(k) ⁽³⁾		
		Т	able II - Deriva (e.g., p	tive Secu outs, calls			•	•	•	•		•					
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 Deriv	r osed) r. 3, 4	Expirat	ate Exercisable and ration Date nth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						
Phantom	(4)						(4))	(4)	Commo	n (4)		1,075.0223 ⁽⁴⁾		D		

Explanation of Responses:

- $1. \ Includes \ 3,343.670 \ shares \ held \ in \ the \ Company's \ Dividend \ Reinvestment \ Plan \ as \ of \ 12/31/2017.$
- 2. 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 12/31/2017.
- 3. Represents shares held in the Issuer's 401(k) Retirement and Savings Plan. The number of shares of Common Stock is based on a Plan Statement dated as of 12/31/2017.
- 4. Represents amounts held by the Reporting Person in the Issuer's retirement plan based on a statement dated 12/31/2017. 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.

Remarks:

Stock

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

02/13/2018

** 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.