Instruction 1(b).

FORM 4

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

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	nd Address o OK LORI	f Reporting Person'								or Tradii D/DE						elationship o ck all applic Directo	able)	g Pers	10% O	wner
(Last) (First) (Middle) 312 WALNUT STREET, 28TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 02/21/2008										Officer below)	Officer (give title below) VP & Contr		Other (below) oller	specify
(Street)	CINCINNATI OH 45202			4. 1	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)															r cisuii					
		Tak	le I - Noi	n-Deriv	/ative	e Se	curiti	ies A	cqu	ıired, [Disp	osed o	f, or B	enefic	ially	y Owned				
			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		·	e, Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securitie Benefici Owned I		s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Ī	Code	v	Amount	(A) (D)	or Pri	се	Reported Transacti (Instr. 3 a	ion(s)	(Instr. 4)		(Instr. 4)
Class A (share	Common Sl	nares, \$.01 par v	alue per	02/21	1/200	8				A		6,261	1 A		(1)	6,20	61 ⁽¹⁾		D	
Class A (share	Common Sl	nares, \$.01 par v	alue per													8,6	654 D			
Common share	Voting Sha	oting Shares, \$.01 par value per														0		D		
		•	Гable II -									osed of, onverti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code (i		n of E		Exp	6. Date Exercisable ar Expiration Date (Month/Day/Year)			7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price of Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e ercisable		xpiration ate	Title	Amor or Numl of Share	ber					
Option	\$32.125								01	/25/2002	0	1/24/2011	Class A Common	6,0	00		8		D	
Option	\$37.555								02	/20/2003	0:	2/19/2012	Class A Common	20,0	00		8		D	
Option	\$39.985								02	/26/2004	0	2/25/2013	Class A Common	20,0	00		8		D	
Option	\$48.71								03	/23/2005	0	3/22/2014	Class A Common	18,0	00		8		D	
Option	\$46.46								02	/15/2006	0:	2/09/2013	Class A Common	15,0	00		8		D	
Option	\$48.91								02	/22/2007	0:	2/21/2014	Class A Common	15,0	00		8		D	
Option	\$48.82								02	/22/2008	0:	2/21/2015	Class A Common	20,0	00		8		D	
Ontion	\$42.62	02/21/2008		- 1	Δ		1		02/	21/2000(2	۱۱ (2/20/2016	Class A	120.0	nn l	(3)	g		_ n	

Explanation of Responses:

- $1.\ This\ restricted\ share\ award\ shall\ vest\ in\ three\ equal\ installments\ on\ 2/21/09,\ 2/21/10\ and\ 2/21/11.$
- 2. This option is exercisable in equal installments on 2/21/09, 2/21/10 and 2/21/11.
- 3. The exercise price of this nonqualified stock option award granted under the company's Long-Term Incentive Plan is \$42.62.

Remarks:

/s/ M. Denise Kuprionis, Attorney-in-fact for Lori A. **Hickok**

02/25/2008

** 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.