FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	Check this box if no longer subject
\Box	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

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* LOEWS CORP						2. Issuer Name and Ticker or Trading Symbol CNA FINANCIAL CORP [CNA]									ationship k all app Direc	,	ng Pei X	. ,		
(Last) 667 MAI	(Fi	,	Middle))		3. Date of Earliest Transaction (Month/Day/Year) 06/09/2020									Office below	er (give title v)	Other below)		specify	
(Street) NEW Y(ate) (Z	Zip)	-8087		Line) X F									Form Form Perso	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transaction Date (Month/Day/	Execut (Year) if any		Deemed cution Date, y nth/Day/Year)				4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			and 5) Securities Beneficially Owned Follo		ties cially Following	Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount	(A) or (D)	Price	9	Transa	Reported Transaction(s) (Instr. 3 and 4)			(IIISti. 4)					
Common Stock 06/09/20						20			P		93,384	A	A \$34		242,743,157		D			
Common Stock 06/10/20						20			P		105,187	A	\$33	3.51 ⁽²⁾	242,	242,848,344		D		
Common Stock 06/11/20						20			P		105,187	Α	\$31	.77(3)	242,953,531		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution I curity or Exercise (Month/Day/Year) if any			ution Date,	ion Date, Transa				Expir	te Exer ation I th/Day		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Dei Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owi Fori Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amou or Numb of Share	er						

Explanation of Responses:

- 1. Represents the weighted average price of multiple transactions with a range of prices between \$33.73 and \$34.87. The Reporting Person, upon request by the Commission Staff, the Issuer or a security holder of the Issuer, undertakes to provide further information regarding the number of securities at each separate price sold.
- 2. Represents the weighted average price of multiple transactions with a range of prices between \$32.62 and \$34.20. The Reporting Person, upon request by the Commission Staff, the Issuer or a security holder of the Issuer, undertakes to provide further information regarding the number of securities at each separate price sold.
- 3. Represents the weighted average price of multiple transactions with a range of prices between \$31.07 and \$32.70. The Reporting Person, upon request by the Commission Staff, the Issuer or a security holder of the Issuer, undertakes to provide further information regarding the number of securities at each separate price sold.

/s/ Marc A. Alpert

06/11/2020

** 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.