## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL											
	OMB Number: 3235-028											
	Estimated average burden											
1	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).

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*  DIKER CHARLES M					2. Issuer Name <b>and</b> Ticker or Trading Symbol LOEWS CORP [ L ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
DIKLK	CITTINE	<u> </u>												X Di	ecto	r		10% O	vner	
(Last) (First) (Middle) C/O LOEWS CORPORATION						3. Date of Earliest Transaction (Month/Day/Year) 09/01/2021									Officer (give title below)		Other (spe- below)		specify	
667 MADISON AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X Fo	Form filed by One Reporting Person					
NEW YOU	RK NY		10065												Form filed by More than One Reporting Person					
(City)	(Sta	te)	(Zip)																	
		Tab	le I - N	on-Deriv	ative	Secu	uriti	es Ac	quired	l, Dis	sposed o	f, or Ber	neficia	lly Owi	ned					
Da				Date	. Transaction Pate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a		(A) or 3, 4 and	and 5) Sec Ber Ow		5. Amount of Securities Beneficially Dwned Following Reported		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Trar	sacti	saction(s) r. 3 and 4)			(Instr. 4)		
Common Stock 09/01						2021			M		1,500	A	\$35.0	.04 16		,408		D		
Common Stock 09/01/						2021					939	D	\$55.9	<del>9</del> 7 15,		,469		D		
Common S	tock	09/01/2021 s 561 D \$55.62 <sup>(1)</sup> 1						14,	908		D									
		-	Table II								oosed of, convertib			/ Owne	d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	) if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8)				6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title an Amount o Securities Underlyin Derivative (Instr. 3 an	of S g e Security	Deriva Securi (Instr.	B. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares							
Stock Appreciation Right	\$35.04	09/01/2021			М			1,500	09/30/2	2011	09/30/2021	Common Stock	1,500	\$0 <sup>(2</sup>	)	0		D		

## **Explanation of Responses:**

- 1. Represents the weighted average price of multiple transactions with a range of prices between \$55.62 and \$55.97. 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. The Reporting Person received the Derivative Security pursuant to a stock appreciation right grant at no cost.

/s/ Thomas H. Watson by 09/01/2021 power of attorney for Charles M. Diker

\*\* 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.