Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Name and Address of Reporting Person LOEWS CORP				CNA FINANCIAL CORP [CNA]									ationsnip k all app Direc	licable)	ng Pe	_	vner		
(Last) 667 MAI	(Fii	,	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/06/2022										Office belov	er (give title		Other (below)	specify	
	EW YORK NY 10065-8087					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				2. Transacti Date (Month/Day	/Year) Execut		eemed ution Date, , th/Day/Year)				4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			nd 5) Securit Benefit Owned		ties cially I Following	Form: Direct		7. Nature of Indirect Beneficial Ownership
						Code	v	Amount	(A) or (D)	Price	1		action(s) 3 and 4)			(Instr. 4)			
Common Stock 09/				09/06/20	022				P		48,199	A	\$39	.56(1)	243,	3,430,501		D	
Common Stock 09/0				09/07/20	022				P		48,199	A	\$39	.78(2)	243,	243,478,700		D	
Common Stock 09/08/20)22			P		47,899	A	\$40	.08(3)	243,	526,599		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)	2. Conversion Or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 3. Transaction Execution Date, if any (Month/Day/Year) (Month/Day/Year) 5. Number Or Code (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, a and 5)				rative rities pired r osed)	Expiration Date (Month/Day/Year) Se Un De Se				Amount of Securities		Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code V (A)			(D)	Date Exerc	isable	Expiration Date	Title	Amour or Number of Shares	or					

Explanation of Responses:

- 1. Represents the weighted average price of multiple transactions with a range of prices between \$39.11 and \$39.94. 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 \$39.55 and \$39.96. 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 \$39.77 and \$40.30. 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.

Remarks:

/s/ Marc A. Alpert, Secretary, on behalf of Loews

Corporation

** Signature of Reporting Person Date

09/08/2022

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.