## FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF	CHA	NGE

## ES 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

1. Name and Address of Reporting Person* <u>LASKAWY PHILIP A</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol LOEWS CORP [ L ]									Relationshipheck all app	licable)	,		
(Last) 9 CREA	(F MER HILL	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/13/2018								Office below	r (give title		Other (s below)	pecify	
(Street) GREEN (City)		tate)	06831 (Zip)		,	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lir	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - Nor	-Deriv	ative	Sec	uritie	s Ac	quired,	Dis	posed (	of, or Be	neficia	lly Owne	d			
Date			Execu Day/Year) if any		A. Deemed kecution Date, any lonth/Day/Year)		Code (Instr.   5)				Benefic	ies cially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D)		Transa (Instr. 3	ction(s)			insu. 4)		
		Т							uired, D s, option					y Owned				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any		Date,		ransaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				,	Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares					
Restricted Stock Units	(1)	03/13/2018			A		3.1 <sup>(2)</sup>		(3)		(3)	Common Stock	3.1	\$0	2,547.	5	D	
Restricted Stock	(1)	03/13/2018			A		2.6 <sup>(4)</sup>		(5)		(5)	Common Stock	2.6	\$0	2,141.	9	D	

## **Explanation of Responses:**

- 1. Each restricted stock unit ("RSU") represents a contingent right to receive one share of the Issuer's common stock.
- 2. Represents additional RSUs awarded to the Reporting Person on account of dividend equivalent rights associated with RSUs awarded on May 10, 2016 (the "2016 RSUs").
- 3. These RSUs vest, and shares of the Issuer's common stock will be delivered to the Reporting Person, concurrently with the 2016 RSUs. The 2016 RSUs vested on May 10, 2017; however, the Reporting Person elected to defer delivery of shares with respect to such 2016 RSUs.
- 4. Represents additional RSUs awarded to the Reporting Person on account of dividend equivalent rights associated with RSUs awarded on May 9, 2017 (the "2017 RSUs").
- 5. These RSUs vest, and shares of the Issuer's common stock will be delivered to the Reporting Person, concurrently with the 2017 RSUs, which will vest on May 9, 2018, subject to any election to defer delivery of shares made by the Reporting Person with respect to such 2017 RSUs.

/s/ Glenn P. Zarin by power of attorney for Philip A. Laskawy

03/15/2018

\*\* 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.