

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

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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* <b>BERMAN ANNE</b> _____ (Last) (First) (Middle) <b>144 COOLIDGE HILL</b> _____ (Street) <b>CAMBRIDGE MA 02138</b> _____ (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <b>LOEWS CORP [ L ]</b>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <b>03/04/2019</b>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	03/04/2019		M		1,500	A	\$37.26	1,500	D	
Common Stock	03/04/2019		M		1,500	A	\$33.12	3,000	D	
Common Stock	03/04/2019		M		1,500	A	\$37.82	4,500	D	
Common Stock	03/04/2019		M		1,500	A	\$38.99	6,000	D	
Common Stock	03/04/2019		D		4,601	D	\$47.96	1,399	D	
Common Stock	03/04/2019		S		1,399	D	\$48.24 <sup>(1)</sup>	0	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Stock Appreciation Right	\$37.26	03/04/2019		M			1,500	03/31/2010	03/31/2020	Common Stock	1,500	\$0 <sup>(2)</sup>	0	D	
Stock Appreciation Right	\$33.12	03/04/2019		M			1,500	06/30/2010	06/30/2020	Common Stock	1,500	\$0 <sup>(2)</sup>	0	D	
Stock Appreciation Right	\$37.82	03/04/2019		M			1,500	09/30/2010	09/30/2020	Common Stock	1,500	\$0 <sup>(2)</sup>	0	D	
Stock Appreciation Right	\$38.99	03/04/2019		M			1,500	12/31/2010	12/31/2020	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 \$48.24 and \$48.24. 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  
power of attorney for Ann E. 03/05/2019  
Berman

\*\* 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.**