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

| STATEMENT OF CHANGES IN BENEFICIA | L OWNERSHIP |
|-----------------------------------|-------------|
| | |

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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* DIKER CHARLES M | | | | | 2. Issuer Name and Ticker or Trading Symbol LOEWS CORP [L] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|--------------------|--------------|--------|---|------|------------------|--|---------------------|-------------------------------------|--|-------------------------------|--------------------------------|---|--|--|--|--|---|
| DIKER | CHARL | <u> ES M</u> | | | | | | | | | | | | X | Direct | or | | 10% Ov | vner |
| (Last) 730 FIFT | ` | rst) (E, 15TH FLOO | Middle) | | 3. Date of Earliest Transaction (Month) 06/14/2016 | | | | | | Day/Year) | ear) | | | Officer (give title below) | | | Other (specify below) | |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| NEW YO | ORK N | Y : | 10019 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | Pelso | "" | | | |
| | | Tab | le I - Non-I | Deriva | tive | Sec | uritie | es Ad | quired, | Dis | posed | of, or Be | enefi | icially | y Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execut ay/Year) if any | | | a. Deemed ecution Date, any onth/Day/Year) | | Transaction Dispose Code (Instr. 5) | | rities Acqui ed Of (D) (In | | | 5. Amou Securiti Benefic Owned Reporte | ies For ially (D) Following (I) (I | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | Code | v | Amount | nt (A) or (D) | | rice | Transac (Instr. 3 | ction(s) | | | (| | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| | | | | ansact | | of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | [5 (| B. 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) | |
| | | | | C | ode V | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amo or Num of Shar | ber | | | | | |
| Restricted Stock | (1) | 06/14/2016 | | | A | | 4 ⁽²⁾ | | (3) | | (3) | Common Stock | 4 | | \$0 | 2,524 | | 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 previously awarded RSUs (the "Previous RSUs").
- 3. These RSUs vest, and shares of the Issuer's common stock will be delivered to the Reporting Person, concurrently with Previous RSUs, subject to any election to defer delivery of shares made by the Reporting Person with respect to such Previous RSUs.

/s/ Kenneth J. Zinghini by 06/15/2016 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.