MAHONEY ROBERT W Form 3 October 20, 2004 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB ODDE ON

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and A Person <u>*</u> MAHON	-	-	2. Date of Event Requiri Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol CINCINNATI BELL INC [CBB]					
(Last)	(First)	(Middle)	10/18/2004		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)			
201 EAST FOURTH STREET (Street) CINCINNATI, OH 45202				X_ Director Officer	(Check all applicable) Officer 10% Owner Officer Other (give title below) (specify below)		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I	- Non-Derivat	ive Securiti		Beneficially Owned			
1.Title of Secur (Instr. 4)	ity		2. Amoun Beneficial (Instr. 4)	t of Securities lly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership (Instr. 5)	Indirect Beneficial			
Reminder: Repo owned directly		ate line for ea	ch class of securities bene	ficially S	EC 1473 (7-02))				
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 control number.										
Т	able II - Der	ivative Secur	ities Beneficially Owned	(e.g., puts, calls,	warrants, opt	ions, convert	tible securities)			
1. Title of Deriv (Instr. 4)	vative Securi	Expir	ation Date Secu	tle and Amount of rities Underlying vative Security r. 4)	f 4. Conversio or Exercis Price of		(Instr. 5)			

Date

Exercisable

Expiration

Title

Date

Derivative

Security

Amount or

Number of

Shares

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
MAHONEY ROBERT W 201 EAST FOURTH STREET CINCINNATI, OH 45202	ÂX	Â	Â	Â				
Signatures								
Amy Collins, Attorney-in-Fact fo Mahoney	10/20/2004							
<u>**</u> Signature of Reporting Po	Date							
Explanation of Posponsos:								

Explanation of Responses:

No securities are beneficially owned

* If the form is filed by more than one reporting person, see Instruction 5(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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.