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ERIE INDEN	MNITY CO										
Form 4											
July 03, 2012											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL			
	UNITE	D STATE:		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or			F CHAN	CHANGES IN BENEFICIAL OWNE SECURITIES					Expires: Estimated a burden hou response		
Form 5 obligation may cont <i>See</i> Instru 1(b).	^{ns} inue. Section 1	7(a) of the	Public U		ling Con	ipany	y Act of	e Act of 1934, E 1935 or Section 0	·		
(Print or Type F	Responses)										
			Symbol	2. Issuer Name and Ticker or Trading Symbol ERIE INDEMNITY CO [ERIE]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			(Chec.	k all applicable	;)	
(M			(Month/Day/Year) 07/02/2012					Director 10% Owner X Officer (give title Other (specify below) below) Senior Vice President			
	(Street)		4. If Ame	ndment, Da	te Origina	l		6. Individual or Jo	int/Group Filir	g(Check	
Filed(Mo ERIE, PA 16530			Filed(Mor	onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	o I Non D	onivotivo	Soone	itias A ag	uired, Disposed of	or Ponoficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Ye	Date 2A. Dee ar) Executio any		3. Transactio Code	4. Securi n(A) or Di (Instr. 3,	ties A spose 4 and (A) or	cquired d of (D)	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	
Common	07/02/2012			J <u>(1)</u>	7.127	А	\$ 71.61	6,174.542	D		
Stock							/1.01				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	. ,	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
ZIMMER CHRISTOPHER J 100 ERIE INSURANCE PLACE ERIE, PA 16530			Senior Vice President					
Signatures								
Linda A. Etter, Power of Attorney	07/0	03/2012						
**Signature of Reporting Person]	Date						

**Signature of Reporting Person

Explanation of Responses:

* 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).

(1) Participant directed transaction under 401(k) Plan

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.