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Kearns John	F										
Form 4 September 0	5 2012										
FORN Check th	14 UNITED States	STATES S		AITIES A			NGE C	OMMISSION	OMB Number:	PROVAL 3235-0287 January 31,	
subject to Section 16. SECURITIES						Expires: Estimated a burden hour response	2005 verage				
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Kearns John F			2. Issuer Name and Ticker or Trading Symbol ERIE INDEMNITY CO [ERIE]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 100 ERIE INSURANCE PLACE			3. Date of Earliest Transaction (Month/Day/Year) 09/04/2012					Director 10% Owner X Officer (give title Other (specify below) below) Executive Vice President			
ERIE, PA 1	(Street) 6530			ndment, Da th/Day/Year)	-			6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M	ne Reporting Per	rson	
(City)		(Zip)			• • •			Person		. .	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed Date, if	3. Transactio Code (Instr. 8) Code V	4. Securiti n(A) or Dis (Instr. 3, 4	es Ac posed	quired of (D)	uired, Disposed of, 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	
Class A Common Stock	09/04/2012			J <u>(1)</u>	28.219	A	\$ 63.77	5,359.143	D		
Class A Common Stock								2,390	I	Shares Owned By Mr. Kearns' IRA	

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

Persons who respond to the collection of	SEC 1474
information contained in this form are not	(9-02)

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (tractor 2	(Month/Day/Year) ve es d		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address			Relationships			
	Director	10% Owner	Officer	Other		
Kearns John F 100 ERIE INSURANCE PLACE ERIE, PA 16530			Executive Vice President			
Signatures						
Linda A. Etter, Power of Attorney	09/0)5/2012				
**Signature of Reporting Person	I	Date				

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.