Edgar Filing: Miller Eric A - Form 4

Miller Fric Δ

Form 4											
October 02, 2	_								OMB AF	PROVAL	
FORM	SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWNER SECURITIES					NERSHIP OF	Expires: Estimated a burden hour response	-	
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns inue. Section 17	(a) of the l	Public U		ling Com	pany	Act of	e Act of 1934, 1935 or Sectior 0			
(Print or Type I	Responses)										
			2. Issuer Name and Ticker or Trading Symbol ERIE INDEMNITY CO [ERIE]				0	5. Relationship of Reporting Person(s) to Issuer			
]	(Check all applicable)			
100 ERIE INSURANCE PLACE (Month/ 10/01/2 (Street) 4. If Am			3. Date of Earliest Transaction (Month/Day/Year) 10/01/2012					Director 10% Owner X Officer (give title Other (specify below) below) Senior Vice President			
				nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
ERIE, PA 1	6530							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	le I - Non-D	erivative S	Securi	ties Acqu	iired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		n Date, if	3. Transactio Code (Instr. 8) Code V	4. Securiti m(A) or Dis (Instr. 3, 4)	posed	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 Indirect Beneficial Ownership (Instr. 4)	
Class A Common Stock	10/01/2012			J <u>(1)</u>	12.462	А	\$ 64.27	991.158	D		

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)

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

Reporting Owners

Reporting Owner Name / Address	Relationships						
F	Director	10% Owner	Officer	Other			
Miller Eric A 100 ERIE INSURANCE PLACE ERIE, PA 16530			Senior Vice President				
Signatures							
Linda A. Etter, Power of Attorney	10/0)2/2012					
<u>**</u> 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.