Edgar Filing: Peterman Randall T - Form 4

| Form 4 | | | | | | | | | | | |
|---|-------------------------------------|---|--------------------------------|--|--|-------|---|--|--|----------|--|
| December 04 | 4 UNITE | 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | |
| if no long subject to Section 1 Form 4 or Form 5 obligatior may conti | 6. Filed p Section 1 | STATEMENT OF CHANGES IN 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 | | | | | | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | | |
| 1(b). (Print or Type R | Responses) | | | | | | | | | | |
| Peterman Randall T Sy | | | Symbol | Name and | | | - | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) | (Middle) | | Earliest Tr | - | | -1 | (Chec | k all applicable |) | |
| (Month/E 100 ERIE INSURANCE PLACE 12/03/2 (Street) 4. If Ame | | | (Month/D 12/03/20 | ay/Year) | ansaction | | | Director 10% Owner X Officer (give title Other (specify below) below) Senior Vice President | | | |
| | | | ndment, Da th/Day/Year | - | l | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| ERIE, PA 10 | 6530 | | | | | | | Form filed by M Person | lore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Yea | r) Execution any | med n Date, if Day/Year) | 3. Transactic Code (Instr. 8) Code V | 4. Securi on(A) or Di (Instr. 3, Amount | spose | 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) | | |
| Class A Common Stock | 12/03/2012 | | | J <u>(1)</u> | 9.37 | А | \$ 71.28 | 527.263 | 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)

| 1. Title o Derivati Security (Instr. 3) | ve Conversion or Exercise | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (Instr. | 0 8) E S (4 (4 E 0 | lumber | (Month/Day ve es d | Date | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|--|------------------------------|---|---|---------------------------------|--------------------------------------|--------------------|-----------------------------|--------------------|-------|--|---|--|
| | | | | Code | | , and 5) A) (D) | 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 | | | | |
| Peterman Randall T 100 ERIE INSURANCE PLACE ERIE, PA 16530 | | | Senior Vice President | | | | | |
| Signatures | | | | | | | | |
| Linda A. Etter, Power of Attorney | 12/0 |)4/2012 | | | | | | |
| **Signature of Reporting Person | 1 | 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.