## Edgar Filing: Colaizzo Louis F - Form 4

Colaizzo Lo	uis F										
Form 4											
January 02, 2	2013										
FORM	14								OMB AF	PROVAL	
	UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box									Expires:	January 31, 2005	
if no longer subject to STATEMENT OF CHAN			F CHAN	IGES IN BENEFICIAL OWN				NERSHIP OF	Estimated a		
Section 1				SECURITIES					burden hour	•	
Form 4 o Form 5		sugnt to 9	Section 1	6(a) of th	e Securit	ies Fr	vehange	e Act of 1934,	response	0.5	
obligation	ns Section 170						•	1935 or Section	ı		
may cont See Instru	linue.			vestment	•	- ·			-		
1(b).	uetion				<b>•</b>	-					
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <sup>*</sup> Colaizzo Louis F Symbol								5. Relationship of Reporting Person(s) to Issuer			
Colaizzo Lo	Juis F		Symbol			CDIC	n.	135001			
				NDEMNI	-	ERIE	,]	(Checl	k all applicable	)	
(Last)	(First) (N	Middle)		of Earliest Transaction							
			$\frac{1}{01/02/2}$	nth/Day/Year) 12/2013				Director 10% Owner X Officer (give title Other (specify			
100 2102 1		102	01/02/2	015				below)	below) vice Presiden	t	
	(Stars at)		4 10 4	1							
			endment, Date Original onth/Day/Year)				<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>				
											ERIE, PA 1
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	y Owned	
1.Title of	2. Transaction Date	2A. Deen	ned	3.	4. Securit	ies Ac	quired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	n Date, if		on(A) or Dis	sposed	of (D)	Securities	Ownership	Indirect		
(Instr. 3)		any (Month/F	Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8)			))	Beneficially Owned	Form: Direct Benefic (D) or Owners	Beneficial Ownership		
		(infoliation E	<i>(u)</i> , <i>(u)</i> ,	(111541.0)				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
Class A				Code V	Amount	(D)	Price				
Class A Common	01/02/2013			<b>J</b> (1)	34.117	А	\$	12,757.004	D		
Stock	01102/2015			<u> </u>	5	11	69.22	12,737.001	2		

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)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code N	<sup>7</sup> (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Colaizzo Louis F 100 ERIE INSURANCE PLACE ERIE, PA 16530			Senior Vice President				
Signatures							
Linda A. Etter, Power of Attorney	01/0	)2/2013					
**Signature of Reporting Person	]	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.