Edgar Filing: ERIE INDEMNITY CO - Form 4

ERIE INDEN	MNITY CO										
Form 4											
July 01, 2013	3										
FORM	14								OMB AF	PPROVAL	
	UNITE	D STATE		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Section 16. Form 4 or Form 5 obligations may continue. Form 17(a) of the			F CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchange Public Utility Holding Company Act of					e Act of 1934, 1935 or Section	Estimated average burden hours per response		
See Instru 1(b).	uction	30(h) of the In	vestment	Compan	y Ac	t of 194	-0			
(Print or Type F	Responses)										
1. Name and A Ishwar Jayas	ddress of Reportin shree	ng Person <u>*</u>	Symbol	Name and			-	5. Relationship of Issuer			
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			(Cnec	k all applicable	;)	
(Mon 100 ERIE INSURANCE PLACE 07/0 (Street) 4. If 4				(Month/Day/Year) 07/01/2013 4. If Amendment, Date Original Filed(Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify below) Senior Vice President 6. Individual or Joint/Group Filing(Check Applicable Line)			
ERIE, PA 1	6530							_X_Form filed by C Form filed by M Person	One Reporting Pe fore than One Re		
(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 D (Month/Day/Yea	ar) Executio any		3. Transactic Code (Instr. 8)	4. Securi	ties Ad sposed 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	
Class A Common Stock	07/01/2013			J <u>(1)</u>	0.001	A	\$ 79.69	5.388	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 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. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Title Amoun Underly Securit (Instr. 3	nt of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title I	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Ishwar Jayashree 100 ERIE INSURANCE PLACE ERIE, PA 16530			Senior Vice President				
Signatures							
Linda A. Etter, Power of Attorney	07/0)1/2013					
**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.