## Edgar Filing: ERIE INDEMNITY CO - Form 4

| ERIE INDE   | MNITY CO  |  |                               |                                      |             |           |   |  |                        |                         |  |
|---|---|--|-------------------------------|--------------------------------------|-------------|-----------|---|--|------------------------|-------------------------|--|
| Form 4  |   |  |                               |                                      |             |           |   |  |                        |                         |  |
| October 01, 2   | 2013  |  |                               |                                      |             |           |   |  |                        |                         |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION |   |  |                               |                                      |             |           |   | OMB APPROVAL   |                        |                         |  |
|   | • • UNITED  | STATES   |                               |                                      |             |           | NGE C   | OMMISSION  | OMB                    | 3235-0287               |  |
| Check th  | is box  |  | Wa                            | shington,                            | D.C. 20     | 549       |   |  | Number:                |                         |  |
| if no long  | and the second se |  |                               |                                      |             |           |   |  | Expires:               | January 31,<br>2005     |  |
| subject to  | )   | MENTO  | OF CHAN                       | GES IN BENEFICIAL OWNE<br>SECURITIES |             |           |   | NERSHIP OF   | Estimated a            |                         |  |
| Section 1<br>Form 4 o                                   |   |  |                               | SECUR                                | 11165       |           |   |  | burden hours per       |                         |  |
| Form 5  |   | rsuant to  | Section 1                     | 6(a) of the                          | - Securit   | ies F     | vchange   | e Act of 1934,   | response               | 0.5                     |  |
| obligatio   | ns Section 17   |  |                               |                                      |             |           | •   | 1935 or Section  | n                      |                         |  |
| may cont<br>See Instru                                  | inue.   |  |                               | vestment                             | •           | · ·       |   |  |                        |                         |  |
| 1(b).   |   |  | ·                             |                                      | 1           |           |   |  |                        |                         |  |
|   |   |  |                               |                                      |             |           |   |  |                        |                         |  |
| (Print or Type I  | Responses)  |  |                               |                                      |             |           |   |  |                        |                         |  |
|   |   | - *  |                               |                                      |             |           |   |  |                        | <i>(</i> )              |  |
|   |   |  | er Name and Ticker or Trading |                                      |             |           | 5. Relationship of Reporting Person(s) to<br>Issuer |  |                        |                         |  |
| DKIINLIINU  | JEFFKEI W   |  | Symbol                        |                                      |             |           | . <b>.</b> .  | 155001   |                        |                         |  |
|   |   |  | ERIE II                       | NDEMNI                               |             | ERIE      | <i>,</i> ]  | (Checl   | k all applicable       | )                       |  |
| (Last)  | (First)   | (Middle)   |                               | f Earliest Tr                        | ansaction   |           |   |  |                        |                         |  |
|   |   |  | lonth/Day/Year)               |                                      |             |           | Director<br>X Officer (give                         |  | Owner<br>er (specify   |                         |  |
| 100 EKIE II   | NSUKANCE PL   | LACE   | 10/01/2                       | 013                                  |             |           |   | below)   | below)                 |                         |  |
|   |   |  |                               |                                      |             |           |   | Senior   | r Vice Presiden        | t                       |  |
|   |   |  | mendment, Date Original       |                                      |             |           | 6. Individual or Joint/Group Filing(Check           |  |                        |                         |  |
|   |   |  | Filed(Mor                     | nth/Day/Year                         | )           |           |   | Applicable Line)<br>_X_ Form filed by One Reporting Person |                        |                         |  |
| EDIE DA 1   | 6520  |  |                               |                                      |             |           |   | Form filed by M  |                        |                         |  |
| ERIE, PA 1  | 0330  |  |                               |                                      |             |           |   | Person   |                        |                         |  |
| (City)  | (State)   | (Zip)  | Tab                           | le I - Non-D                         | erivative S | Securi    | ties Acqu   | uired, Disposed of   | , or Beneficial        | ly Owned                |  |
| 1.Title of  | 2. Transaction Dat  | te 2A. Dee   | med                           | 3.                                   | 4. Securit  | ies Ac    | auired  | 5. Amount of   | 6.                     | 7. Nature of            |  |
| Security  | (Month/Day/Year)  | ) Executio   | on Date, if                   | Transactio                           |             |           |   | Securities   | Ownership              | Indirect                |  |
| (Instr. 3)  |   | Code (Instr. 3, 4 and 5) $D_{\text{rest}}(V_{\text{rest}})$ (Instr. 3) |                               |                                      |             |           | Beneficially  | Form: Direct Benefic                                       |                        |                         |  |
|   |   | (Month/  | Day/Year)                     | (Instr. 8)                           |             |           |   | Owned<br>Following   | (D) or<br>Indirect (I) | Ownership<br>(Instr. 4) |  |
|   |   |  |                               |                                      |             | (A)       |   | Reported   | (Instr. 4)             |                         |  |
|   |   |  |                               |                                      |             | (A)<br>or |   | Transaction(s)   |                        |                         |  |
|   |   |  |                               | Code V                               | Amount      | (D)       | Price   | (Instr. 3 and 4)   |                        |                         |  |
| Class A   |   |  |                               | -(1)                                 |             |           | \$  |  |                        |                         |  |
| Common  | 10/01/2013  |  |                               | J <u>(1)</u>                         | 11.084      | А         | ÷<br>72.47  | 8,367.848  | D                      |                         |  |
| Stock   |   |  |                               | _                                    |             |           | /2.4/   |  |                        |                         |  |

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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, | (Month/Day/Year)<br>rivative<br>curities<br>quired<br>) or<br>sposed<br>(D) |                    | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) | Derivative<br>Security<br>(Instr. 5)   | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |  |
|---|---|---|--|--|---|--------------------|---|--|---|--|
|   |   |   | Code V                                 | 4, and 5)<br>(A) (D)   | Date<br>Exercisable   | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |  |

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## **Reporting Owners**

| Reporting Owner Name / Address                                   | Relationships |           |                       |       |  |  |  |  |
|--|---------------|-----------|-----------------------|-------|--|--|--|--|
|  | Director      | 10% Owner | Officer               | Other |  |  |  |  |
| BRINLING JEFFREY W<br>100 ERIE INSURANCE PLACE<br>ERIE, PA 16530 |               |           | Senior Vice President |       |  |  |  |  |
| Signatures   |               |           |                       |       |  |  |  |  |
| Linda A. Etter, Power of Attorney                                | 10/0          | 01/2013   |                       |       |  |  |  |  |
| **Signature of Reporting Person                                  | ]             | Date      |                       |       |  |  |  |  |

\*\*Signature of Reporting Person

## **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.