ERIE INDEMNITY CO

Form 4

September 02, 2014

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|-----------|----|---|

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Number: January 31, Expires: 2005

**OMB APPROVAL** 

Form 4 or Form 5 obligations

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

Estimated average burden hours per response... 0.5

may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Plazony Michael A

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

ERIE INDEMNITY CO [ERIE]

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction

Director

10% Owner X\_ Officer (give title Other (specify

100 ERIE INSURANCE PLACE

(State)

09/02/2014

(Month/Day/Year) 09/02/2014

below) below)

Senior Vice President

(Street) 4. If Amendment, Date Original

(Zip)

Filed(Month/Day/Year)

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

Person

ERIE, PA 16530

(City)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(Month/Day/Year)

Reported (A) Transaction(s) (Instr. 3 and 4) Price

Class A Common Code V Amount (D)

9.295

A

J(1)

2,051.467

D

Stock

Class A Common Stock

By Rollover 316.526 I

IRA for Self

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

**SEC 1474** (9-02)

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# 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 | 2.          | 3. Transaction Date | 3A. Deemed         | 4.         | 5.         | 6. Date Exer | cisable and | 7. Tit | le and     | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|--------------|-------------|--------|------------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transactio | orNumber   | Expiration D | ate         | Amou   | ınt of     | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/  | Year)       | Unde   | rlying     | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e            |             | Secur  | rities     | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities |              |             | (Instr | . 3 and 4) |             | Own    |
|             | Security    |                     |                    |            | Acquired   |              |             |        |            |             | Follo  |
|             | ·           |                     |                    |            | (A) or     |              |             |        |            |             | Repo   |
|             |             |                     |                    |            | Disposed   |              |             |        |            |             | Trans  |
|             |             |                     |                    |            | of (D)     |              |             |        |            |             | (Instr |
|             |             |                     |                    |            | (Instr. 3, |              |             |        |            |             |        |
|             |             |                     |                    |            | 4, and 5)  |              |             |        |            |             |        |
|             |             |                     |                    |            |            |              |             |        |            |             |        |
|             |             |                     |                    |            |            |              |             |        | Amount     |             |        |
|             |             |                     |                    |            |            | Date         | Expiration  | m: 1   | or         |             |        |
|             |             |                     |                    |            |            | Exercisable  | Date        | Title  | Number     |             |        |
|             |             |                     |                    | C 1 W      | (A) (D)    |              |             |        | of         |             |        |
|             |             |                     |                    | Code V     | (A) (D)    |              |             |        | Shares     |             |        |

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Senior Vice President

Plazony Michael A

100 ERIE INSURANCE PLACE

ERIE, PA 16530

### **Signatures**

Linda A. Etter, Power of Attorney 09/02/2014

\*\*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.

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