## Edgar Filing: ERIE INDEMNITY CO - Form 4

ERIE INDE	MNITY CO										
Form 4	16										
April 01, 20									OMB AF	PROVAL	
FORM	UNITE	D STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long	Check this box								Expires:	January 31, 2005	
subject to	o SIAIE	CMENT O	F CHAN	GES IN BENEFICIAL OWNER				NERSHIP OF	Estimated average		
Section 1 Form 4 c				SECURITIES					burden hours per		
Form 5	Filed p	ursuant to	Section 1	6(a) of the	e Securit	ies E	xchange	e Act of 1934,	response	0.5	
obligatio may con	ons Section 1						•	1935 or Section	1		
See Instr 1(b).		30(h)	) of the In	vestment	Compan	y Ac	t of 194	.0			
(Print or Type ]	Responses)										
Pelkowski Julie Marie Symbol			Symbol	Issuer Name <b>and</b> Ticker or Trading ibol IE INDEMNITY CO [ERIE]				5. Relationship of Reporting Person(s) to Issuer			
<b>7</b> )		<b>A 21 11</b> \			-	ERIE	5]	(Checl	k all applicable	)	
(Month/I				e of Earliest Transaction n/Day/Year) /2016				Director 10% Owner X Officer (give title Other (specify below) below) VP, Principal Acctg Officer			
	(Street)		4. If Ame	ndment, Dat	te Original			6. Individual or Jo	int/Group Filin	g(Check	
Filed(Mon				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
ERIE, PA 1	6530							Person		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 D (Month/Day/Yea	r) Executionary	emed on Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	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)	Indirect Beneficial	
Class A Common	04/01/2016			<b>I</b> (1)	1.788	٨	\$	399.0677	D		
Stock	04/01/2010			J <u>(1)</u>	1./00	А	92.99	599.0077	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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/Year) ative ties red		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr	
			Code V	4, and 5)	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				
Pelkowski Julie Marie 100 ERIE INSURANCE PLACE ERIE, PA 16530			VP, Principal Acctg Officer					
Signatures								
Chandra M. Burns, Power of Attorney		04/01/2016						

<u>\*\*</u>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.