Edgar Filing: ERIE INDEMNITY CO - Form 4

ERIE INDE	MNITY CO									
Form 4 May 03, 201	6									
									OMB AF	PROVAL
FORM	UNITE) STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287
Check th if no long	oer								Expires:	January 31, 2005
subject to	b SIAIE	MENT O	OF CHAN	GES IN BENEFICIAL OWNERSH SECURITIES				NERSHIP OF	Estimated average	
Section 1 Form 4 c								burden hours per response 0.5		
Form 5	Filed p	ursuant to	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,	16300136	0.5
obligatio may cont				•	•	· ·		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)									
1. Name and A Smith Doug	Address of Reportin glas Edward	g Person <u>*</u>	Symbol	Name and			-	5. Relationship of Issuer	Reporting Pers	on(s) to
(Last)	(First)	(Middle)			_		2]	(Checl	k all applicable)
· · ·	(First)	· · ·	3. Date of (Month/D 05/02/20	-	ansaction			Director X_Officer (give below) Senior		Owner er (specify t
	(Street)		4. If Ame	ndment, Da	te Origina			6. Individual or Jo	int/Group Filin	g(Check
	(520		Filed(Mon	nth/Day/Year))			Applicable Line) _X_ Form filed by C Form filed by M		
ERIE, PA 1	6530							Person		1 0
(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 Da (Month/Day/Yea	r) Executio any	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 Stock	05/02/2016			J <u>(1)</u>	2.707	А	ф 94.39	3,216.845	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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	umber Expiration Dat (Month/Day/Y erivative ecurities cquired () or isposed (D)		Amount of	Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr	
			Code V	4, and 5) (A) (D)	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				
Smith Douglas Edward 100 ERIE INSURANCE PLACE ERIE, PA 16530			Senior Vice President					
Signatures								
Chandra M. Burns, Power of Attorney		05/03/2016						
**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.