Edgar Filing: ERIE INDEMNITY CO - Form 4

ERIE INDEM	INITY CO										
Form 4											
June 02, 2016)										
FORM	4		an aun			~~~				PPROVAL	
	UNITED	STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				GES IN I SECUR		CIA	LOW	NERSHIP OF	Expires: Estimated a burden hou response	rs per	
Form 5 obligation may contin <i>See</i> Instruct 1(b).	s Section 17(a) of the I	Public Ut		ling Com	pany	Act of	e Act of 1934, f 1935 or Sectio 40			
(Print or Type R	esponses)										
Pelkowski Julie Marie Syn			Symbol	Name and			-	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M	liddle)	3. Date of	Earliest Tr	ansaction		-	(Chec	ck all applicable	e)	
(Month/Da 100 ERIE INSURANCE PLACE 06/01/20 (Street) 4. If Amer				ay/Year)				Director 10% Owner X Officer (give title Other (specify below) below) VP, Principal Acctg Officer			
				ndment, Date Original hth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City)	(State) (2.ip)	Table	e I - Non-D	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	n Date, if	Code (Instr. 8)	on(A) or Di (D)	sposed 4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Class A							\$				
Common Stock	06/01/2016			J <u>(1)</u>	1.216	А	\$ 97.9	405.0127	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,		ate	Amou Under Secur	le and int of rlying ities . 3 and 4)	8. Price of 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		06/02/2016						

<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.