Edgar Filing: ERIE INDEMNITY CO - Form 4

ERIE INDEN	ANITY CO											
Form 4												
August 02, 20	006											
FORM	4										PPROVAL	
	UNITED	STATES S				ND EXC D.C. 205		IGE (COMMISSION	OMB Number:	3235-0287	
Subject to Section 16. Form 4 or				ANGES IN BENEFICIAL OWN SECURITIES						Expires: Estimated a burden hou response	rs per	
Form 5 obligation may conti <i>See</i> Instru 1(b).	$\frac{18}{1000}$ Section 17(a	a) of the Pu	ublic Uti	ility Ho	oldi		pany	Act of	e Act of 1934, f 1935 or Sectio 40	n		
(Print or Type R	Responses)											
Colaizzo Louis F Sym			Symbol	2. Issuer Name and Ticker or Trading ymbol RIE INDEMNITY CO [ERIE]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N		3. Date of			-	-		(Chec	k all applicable	e)	
(Month/D 100 ERIE INSURANCE PLACE 08/01/20			Month/Da	fonth/Day/Year) 8/01/2006					Director 10% Owner X Officer (give title Other (specify below) below) Regional Vice President			
			4. If Amen	endment, Date Original					6. Individual or Joint/Group Filing(Check			
				nth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State) ((Zip)	Table	I - Non	1-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed Date, if	3. Transac Code (Instr. 3	ctio 8)	4. Securit n(A) or Dis (D)	ies Ac sposed	quired 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)	7. Nature of	
Class A												
Common Stock	08/01/2006			J <u>(1)</u>		6.5508	А	\$0	7,401.3558	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 Derivati Security (Instr. 3	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	Expiration D (Month/Day, e	Expiration Date (Month/Day/Year)		le and unt of rlying rities : 3 and 4)	Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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				
Colaizzo Louis F 100 ERIE INSURANCE PLACE ERIE, PA 16530			Regional Vice President					
Signatures								
By: Linda A. Etter, Power of Attorney	(08/02/2006						

**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.