**ERIE INDEMNITY CO** 

Form 4

September 06, 2006

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** OMB

3235-0287 Number:

Expires:

January 31, 2005

0.5

Estimated average

burden hours per response...

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

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

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Add RECH PATR		orting Person *	2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	(First)	(Middle)	ERIE INDEMNITY CO [ERIE] 3. Date of Earliest Transaction				
100 ERIE INSURANCE PLACE			(Month/Day/Year) 09/01/2006	Director 10% Owner _X Officer (give title Other (specification) below) Senior Vice President			
(Street) ERIE, PA 16530			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Che			
			Filed(Month/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-Derivative Securities Ac	cauired. Disposed of, or Beneficially Owner			

` '	Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
2. Transaction Date	2A. Deemed	3.	4. Securit	ies Acquire	ed 5. Amount of	6. Ownership	7. Nature of			
(Month/Day/Year)	Execution Date, if	Transactio	on(A) or Dis	sposed of	Securities	Form: Direct	Indirect			
	any	Code	(D)		Beneficially	(D) or	Beneficial			
	(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4	and 5)	Owned	Indirect (I)	Ownership			
					Following	(Instr. 4)	(Instr. 4)			
				(4)	Reported					
					Transaction(s)					
		Code V	Amount		ce (Instr. 3 and 4)					
09/01/2006		J <u>(1)</u>	4.8609	A \$ (	143.0713	D				
	(Month/Day/Year)	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)	2. Transaction Date 2A. Deemed 3.  (Month/Day/Year) Execution Date, if any Code (Month/Day/Year) (Month/Day/Year)  Code V	2. Transaction Date 2A. Deemed 3. 4. Securities (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Code (D) (Instr. 8) (Instr. 3, 4)	2. Transaction Date (Month/Day/Year)    Execution Date, if any (Month/Day/Year)    (Month/Day/Year)    (Month/Day/Year)    (A) or Code V Amount (D) Price (Code (D) (A) (Code (D) (Code (D) (Code (D) (Code (D) (Code (D) (D) (Code (D) (D) (Code (D) (D) (D) (D) (D) (Code (D)	2. Transaction Date (Month/Day/Year)    2A. Deemed    (Month/Day/Year)    (Instr. 8)    (Instr. 3, 4 and 5)    (A)    (A)    (Instr. 3 and 4)    (Instr. 3 and 4)	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (Instr. 3, 4 and 5) (Instr. 4) (A) (Instr. 3 and 4) (Code V Amount (D) Price) (A) (Code V Amount (D) Price) (Code V Amount (			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: ERIE INDEMNITY CO - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5.  onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	of ng s	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5)  (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

RECH PATRICIA A 100 ERIE INSURANCE PLACE ERIE, PA 16530

Senior Vice President

## **Signatures**

By: Linda A. Etter, Power of

Attorney 09/06/2006

\*\*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.

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