Edgar Filing: ERIE INDEMNITY CO - Form 4

ERIE INDEM	INITY CO											
Form 4	7											
May 29, 2007									OMB A	PPROVAL		
FORM	UNITED	STATE			ND EX(D.C. 20		NGE	COMMISSION		3235-0287		
Check this if no long subject to Section 10	OF CHAN	F CHANGES IN BENEFICIAL OW SECURITIES					Expires: January 31 2005 Estimated average burden hours per					
Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	Filed pu s Section 17	(a) of the		ility Hold	ding Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	response	•		
(Print or Type R	esponses)											
			Symbol	2. Issuer Name and Ticker or Trading Symbol ERIE INDEMNITY CO [ERIE]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mor 100 ERIE INSURANCE PLACE (Street) 4. If			(Month/Da	3. Date of Earliest Transaction (Month/Day/Year) 05/25/2007					Director 10% Owner X Officer (give title Other (specify below) below) Sr Vice President & Controller			
				. If Amendment, Date Original ïled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
ERIE, PA 16	530								More than One Re			
(City)	(State)	(Zip)	Table	e I - Non-D	Derivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Executi any	emed ion Date, if n/Day/Year)	Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	l (A) o l of (D 4 and (A) or)	Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
Class A									-			
Common Stock	05/25/2007			A	3,276	А	\$0	4,076	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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owna Follo Repo Trans (Instr	
			Code V	(Instr. 3, 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			
NECASTRO TIMOTHY G 100 ERIE INSURANCE PLACE ERIE, PA 16530			Sr Vice President & Controller				
Signatures							
By: Linda A. Etter, Power of							

Attorney

05/29/2007

**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).

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.