## Edgar Filing: ERIE INDEMNITY CO - Form 4

ERIE INDEN	ANITY CO											
Form 4												
May 29, 2007	7											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWNERSHII SECURITIES						Expires: Estimated a burden hou response	irs per		
Form 5 obligatior may conti <i>See</i> Instru 1(b).	inue. Section 17(	a) of the		ility Hol	ding Con	npany	Act o	ge Act of 1934, of 1935 or Section 40				
(Print or Type R	Responses)											
			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol ERIE INDEMNITY CO [ERIE]					5. Relationship of Reporting Person(s) to Issuer			
					-	ERIE	J	(Chee	ck all applicable	e)		
(M 100 ERIE INSURANCE PLACE 05			3. Date of Earliest Transaction (Month/Day/Year) 05/25/2007					Director X Officer (giv below) Senic		6 Owner er (specify nt		
			4. If Amer	ndment, D	ate Original			6. Individual or Joint/Group Filing(Check				
				Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
		(7:2)										
(City)	(State)	(Zip)	Table	e I - Non-l	Derivative	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executi any		Code (Instr. 8)	4. Secur ionAcquired Disposed ) (Instr. 3,	d (A) of d of (D 4 and (A) or	))	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	05/25/2007			А	3,320	А	\$0	3,497.875	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. orfNumber of Derivative Securities Acquired (A) or Disposed of (D)	;		7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(msu

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## **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		05/29/2007						
<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).

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.