## Edgar Filing: ERIE INDEMNITY CO - Form 4

ERIE INDEN	MNITY CO											
Form 4												
July 03, 2007	7											
FORM	14										PPROVAL	
	UNITE	) STATE:		ATTIES A				NGE (	COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 o	F CHAN	GES IN SECUI			CIAI	L OW	NERSHIP OF	Expires: Estimated a burden hou response	irs per			
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17	(a) of the		ility Hol	ldin	g Com	pany	Act of	e Act of 1934, f 1935 or Sectio 40		0.0	
(Print or Type F	Responses)											
	ddress of Reportin	g Person <u>*</u>	2. Issuer Symbol ERIE IN	Name <b>an</b>			-	-	5. Relationship of Issuer			
(Last)	(First)	(Middle)	3. Date of	Earliest T	rans	saction			(Chec	k all applicable	e)	
100 ERIE INSURANCE PLACE			(Month/Day/Year) 07/02/2007						Director 10% Owner XOfficer (give title Other (specify below) below) Senior Regional Vice President 6. Individual or Joint/Group Filing(Check			
(Street) 4. If An				Amendment, Date Original								
ERIE, PA 1	6530		Filed(Mon	th/Day/Yea	ur)				Applicable Line) _X_Form filed by 0 Form filed by N Person	One Reporting Pe Aore than One Re		
(City)	(State)	(Zip)	Table	e I - Non-l	Deri	ivative S	ecurit	ies Acc	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Executi any	emed	3. Transact Code	4 ion(. (1 ) (1	. Securit A) or Dis D)	ies Ac sposed	quired l 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 Indirect Beneficial	
Class A	07/02/2007			<b>I</b> (1)	1	1 700	٨	\$ 0	2 017 145	D		
Common Stock	07/02/2007			J <u>(1)</u>	1	1.799	А	\$0	2,017.145	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. Transactio Code (Instr. 8)	5. or/Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/Year) ive es d		7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of 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				
BRINLING JEFFREY W 100 ERIE INSURANCE PLACE ERIE, PA 16530			Senior Regional Vice President					
Signatures								
By: Linda A Etter Power of								

By: Linda A. Etter, Power of Attorney

07/03/2007

\*\*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).

(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.