## Edgar Filing: ERIE INDEMNITY CO - Form 4

ERIE INDEN	MNITY CO										
Form 4											
February 03,	2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB AF	PPROVAL	
	UNITE	D STATE		AITIES A Shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 Eiled pursuant to Sec				SECUR	ITIES		Expires: January 3 200 Estimated average burden hours per response 0				
obligation may cont <i>See</i> Instru 1(b).	inue. Section	7(a) of the		tility Hold	ling Con	ipany	Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type F	Responses)										
Smith Douglas Edward Symbo			Symbol	Issuer Name <b>and</b> Ticker or Trading bol IE INDEMNITY CO [ERIE]				5. Relationship of Reporting Person(s) to Issuer			
					-	CKIC	2]	(Chec	k all applicable	;)	
(Month				te of Earliest Transaction hth/Day/Year) 12/2015				Director 10% Owner X Officer (give title Other (specify below) below) Senior Vice President			
				mendment, Date Original Aonth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
ERIE, PA 10	6530							_X_Form filed by C Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Execution any	emed on Date, if /Day/Year)	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	sposed	d of (D)	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	02/02/2015			<b>x</b> (1)	0 705		\$	2 102 502	D		
Common Stock	02/02/2015			J <u>(1)</u>	2.785	А	86.66	3,193.702	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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/Yes ivative urities quired or posed D)		and 7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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				
Smith Douglas Edward 100 ERIE INSURANCE PLACE ERIE, PA 16530			Senior Vice President					
Signatures								
Chandra M. Burns, Power of Attorney		02/03/2015						
**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.