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Pelkowski Ju	ulie Marie									
Form 4										
January 03, 2	2018									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB AF	PROVAL	
Washington, D.C. 20549						OMMISSION	OMB 323 Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or				SECUR	RITIES		Expires: January 31 2005 Estimated average burden hours per response 0.5			
Form 5 obligations may continue. See Instruction 1(b). 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						1935 or Section	1			
(Print or Type I	Responses)									
Pelkowski Julie Marie Symbol ERIE II			er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
				INDEMNITY CO [ERIE]				(Check all applicable)		
(Month/E 100 ERIE INSURANCE PLACE 01/02/2 (Street) 4. If Ame			te of Earliest Transaction th/Day/Year) 2/2018				Director 10% Owner X Officer (give title Other (specify below) below) SVP, Controller			
			nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
ERIE, PA 1	6530							Form filed by M Person		
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Secur	rities Acqu	iired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any	ned n Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	(A) or	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Class A Common Stock	01/02/2018			J <u>(1)</u>	8.756	(D)	\$ 121.84	454.4377	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 Derivati Security (Instr. 3	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/Year) ative ities red sed		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
F	Director	10% Owner	Officer	Other				
Pelkowski Julie Marie 100 ERIE INSURANCE PLACE ERIE, PA 16530			SVP, Controller					
Signatures								
Rebecca A. Buona, Power of Attorney	()1/03/2018						
**Signature of Reporting Person		Date						

**Signature of Reporting Person

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.