## Edgar Filing: Pelkowski Julie Marie - Form 4

Pelkowski Ju	ilie Marie									
Form 4										
June 04, 201	8									
FORM	14					~	NGEG	01 <b>11 11 11 11</b>	OMB AF	PROVAL
	UNITE	D STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or				IGES IN SECUR		ICIA	NERSHIP OF	Expires: January 3 20 Estimated average burden hours per response		
Form 5 obligation may cont <i>See</i> Instru 1(b).	<sup>ns</sup> Section 1	7(a) of the	Public U		ding Cor	npan	y Act of	e Act of 1934, 1935 or Sectior 0	•	0.5
(Print or Type F	Responses)									
1. Name and A Pelkowski J	ddress of Reporti ulie Marie	ng Person <u>*</u>	Symbol	r Name <b>and</b> NDEMNI			-	5. Relationship of Issuer		
(Last) 100 ERIE IN	(First) NSURANCE P	(Middle)		f Earliest Ti Day/Year) 2018	ransaction			Director X Officer (give below)		) Owner r (specify
	(Street)			endment, Da nth/Day/Year	-	ıl		6. Individual or Jos Applicable Line) _X_ Form filed by O		-
ERIE, PA 1	6530							Form filed by M Person		
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	rities Acqu	uired, Disposed of,	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Executio any	med n Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	ispose	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	06/01/2018			J <u>(1)</u>	5.133	А	\$ 113.01	472.998	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)

**Reporting Owners** 

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (Instr. 3	ction 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and A Underlying S (Instr. 3 and 4	ecurities	8. D Se (It
				Code	v	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Incentive Compensation Deferral Plan Share Credits	\$ 0 <u>(2)</u>						(3)	<u>(3)</u>	Class A Common Stock	677.916	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Pelkowski Julie Marie 100 ERIE INSURANCE PLACE ERIE, PA 16530			SVP, Controller					
Signatures								

Rebecca A. Buona, Power of	
Attorney	06/04/2018

\*\*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
- (2) Conversion price is not applicable to shares granted under the Erie Indemnity Company Incentive Compensation Deferral Plan.

The shares subject to this reporting are Share Credits which are periodically credited to the accounts of a select group of management and highly compensated employees of Erie Indemnity Company pursuant to its Incentive Compensation Deferral Plan. ??These Share Credits

(3)represent the right to receive an equivalent number of shares of Erie Indemnity Company Class A common stock when the reporting individual retires or otherwise separates from service with the Company.? There are no exercisable or expiration dates for these securities.

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.